

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF TEXAS

FILED

THE UNITED STATES OF
AMERICA, and [UNDER SEAL],

Plaintiffs,

v.

[UNDER SEAL]

Defendants.

JAN 20 2022

Clerk, U.S. District Court
Texas Eastern

No. 4:17-CV-169

FILED IN CAMERA AND
UNDER SEAL

JURY TRIAL DEMAND

PLAINTIFF'S AMENDED COMPLAINT

Gaylon C. Hayes
Oklahoma Bar No. 14492
Hayes Legal Group, P.C.
6805 S. Western, Suite 500
Oklahoma City, OK 73139
Telephone: (405) 616-5045
Fax: (405) 616-5062
E-Mail: gaylon@hhhlawfirm.com
whitney@hhhlawfirm.com

Attorney For Plaintiffs

UNDER SEAL

Table of Contents

I. INTRODUCTION.....	2
II. JURISDICTION AND VENUE	3
III. PARTIES.....	4
A. Defendants.....	4
B. Relators	6
IV.LEGAL FRAMEWORK.....	7
A. Health Care Programs	7
B. Federal False Claims Act	8
C. Anti-Kickback Statute	9
D. Government Health Plans Prescription Medication Reimbursement.....	11
V. FACTUAL ALLEGATIONS.....	12
A. Blanket Program	12
B. Sugar Program	22
C. Medical Necessity for Compounded Medications	23
D. Waiver of Coinsurance and Copays	24
E. Gray Market Prescriptions.....	25
VI. CLAIMS.....	26
COUNT 1: False Claims Submitted Under 31 U.S.C. § 3729(a)(1)(A)	26
COUNT 2: False Records Under 31 U.S.C. § 3729(a)(1)(B)	27
COUNT 3: Conspiracy Under 31 U.S.C. § 3729(a)(1)(C)	28
COUNT 4: Retention Of Overpayments Under 31 U.S.C. § 3729(a)(1)(G)	28
COUNT 5: Violation of the Anti-Kickback Statute 42 U.S.C. § 1320a-7b(b).....	29
VII.REQUEST FOR TRIAL BY JURY.....	30

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF TEXAS

1)THE UNITED STATES OF AMERICA, and)	
2)TOM PROCTOR)	
)	
)	
)	
Plaintiffs,)	
)	
v.)	No. 4:17-CV-169
)	
1) NEXT HEALTH, LLC,)	
2) SEMYON NAROSOV,)	
3) ANDREW HILLMAN)	FILED IN CAMERA AND
)	UNDER SEAL
Defendants.)	
)	
)	JURY TRIAL DEMAND

PLAINTIFF'S AMENDED COMPLAINT

COMES NOW, Tom Proctor ("Relator"), and files this Complaint on behalf of the United States of America ("USA") against Next Health LLC, Semyon Narosov, and Andrew Hillman (collectively, "Defendants"), and alleges the following:

I. INTRODUCTION

1. This action and Relator's claims arise pursuant to the Federal False Claims Act ("FCA"), 31 USC § 3729 *et seq.*, and various Plaintiff State false claims and health care fraud remedial statutes ("Plaintiff State false claim statutes"). The FCA and each of the FCA Acts authorize private persons to bring a civil action for the person and the applicable governmental entity against a person who commits one or more acts in violation of the particular false claims statute. Remedies include the recovery of a civil penalty¹ for each false claim violation and a multiple of damages based on a single damages multiplier (e.g., treble damages under the FCA). As an award, the Relator is entitled to receive a

¹ 28 C.F.R. §85.3(a)(9); 81 Fed. Reg. at 42,494, 42,498. 28 C.F.R. §85.5; 81 Fed. Reg. at 42,494, 42,498. 28 C.F.R. §85.5; 82 Fed. Reg. at 9131-32, 9133.

DATE PENALTIES ASSESSED	MINIMUM PENALTY	MAXIMUM PENALTY
Assessments made anytime to the present for violations from 9/29/1999 to before 11/2/2015; <i>and</i> Assessments made before 8/1/2016 (for violations after 11/2/2015)	\$5,500	\$11,000
8/2/2016 to 2/3/2017 (for violations after 11/2/2015)	\$10,781	\$21,563
2/4/2017 to 1/15/2018 (for violations after 11/2/2015)	\$10,957	\$21,916

percentage of the proceeds of the action or settlement of the claim(s) and an award against the Defendant(s) for reasonable expenses, plus attorneys' fees and costs.

2. Defendants' unlawful acts in violation of the FCA and the FCA Acts concern Defendants' submission of false claims to Federal and State health care programs, related to Defendants' schemes employed for the ordering and prescription of drugs furnished to program beneficiaries, and Defendants' use of materially false records and statements in support of those false claims.
3. Relator's claims include damages concerning FCA violations relating to Medicaid programs in each State where Next Health had/has operations. Because each State's Medicaid program is jointly funded by the USA and the particular State, each FCA false claim violation by Defendants against a State Medicaid program is a false claim against the State's FCA Act, and also the USA, for the federal share of the false claim amount.

II. JURISDICTION AND VENUE

4. This Court has jurisdiction over the subject matter of this action pursuant to 28 U.S.C. §§ 1331 and 1345 and 31 U.S.C. § 3730(b). This court has personal jurisdiction over the Defendants pursuant to 31 U.S.C. § 3732(a). This court also has supplemental jurisdiction over the State law claims under 31 U.S.C. § 3732(b) and 28 U.S.C. § 1367.
5. Venue in this Judicial District is appropriate under 31 U.S.C. § 3732(a) because one or more of the Defendants transact or have transacted business in this

Judicial District.

6. Relator believes there has been no public disclosure of the allegations and transactions on which this action is based; but should the question arise, and should the court determine otherwise, the Relator is an original source of the information on which the allegations in this complaint are based, as defined in FCA § 3730(e)(4)(B). As a member of the pharmacy profession and former Next health pharmacist compliance officer, Relator has knowledge and information which is not publicly available.

III. PARTIES

A. Defendants

7. Defendant, Next Health, LLC ("**Next Health**") is a limited liability company organized under the laws of Texas, with its principal place of business in Texas. It's address is 5710 LBJ Freeway, Suite 300, Dallas, TX 75240, with registered agent being Oberheiden Law Group, PLLC at 5710 LBJ Freeway, Suite 120, Dallas, TX 75240, and is a Domestic Limited Liability Company that was formed on June 23, 2014. Next Health is the parent company to a myriad of subsidiaries which are mere business conduits, and it does not observe corporate formalities between and among them. Next Health owns a chain of approximately 144 drugstores and pharmacies located in a number of States including Oklahoma, Texas, Louisiana, Arizona, and Florida. Next Health currently has Cary Rossel as their CEO, and he was the CEO at the time that Defendants Hillman and Narosov were running the daily activity of the company. At such time, the Defendants owned a late model Bentley and a Rolls-Royce that they used to seduce doctors

into participating in the Blanket Program. On top of the vehicles, the Defendants also had a yacht and a villa in Puerto Rico, both of which were allowed to be used by doctors with the same hopes.

8. Defendant Semyon Narosov ("**Narosov**") is or was an owner, operator, manager and/or director of Next Health and is involved in Next Health's day to day operations. He is also an architect of the Defendant's "**Blanket Program**" fraud scheme and the "**Sugar Program**," described, *infra*. Narosov is a beneficiary of these two and other fraudulent schemes through Next Health LLC.
9. Defendant Andrew Hillman ("**Hillman**") is or was an owner, operator, manager and/or director of Next Health and is involved in Next Health's day to day operations. He is also an architect of the Defendant's "**Blanket Program**" fraud scheme and the "**Sugar Program**," described, *infra*. Hillman is a beneficiary of these two schemes and other fraudulent schemes through Next Health LLC.
10. Mike Austin is a former Next Health executive who may have knowledge regarding the claims asserted by Plaintiffs.
11. Nick Austin is a former Next Health executive who may have knowledge regarding the claims asserted by Plaintiffs.
12. Chris Anderson is a former Next Health Chief Compliance Officer who may have knowledge regarding compliance efforts undertaken by the Next Health entities.
13. Joe Lewis is a former Chief Compliance Officer of Next Health Pharmacies who may have knowledge regarding compliance efforts undertaken by the Next Health entities.

14. Jeremy Rossel is a former CFO of Next Health who has knowledge regarding various accounting functions.
15. Cary Rossel is a current Next Health employee who has knowledge regarding the formation of Next Health and the acquisition of related entities.
16. Josh Ihde is a former CEO of Next Health who may have knowledge regarding the claims asserted by Plaintiffs.
17. Josh Daniel is a former CEO of Next Health who may have knowledge regarding the claims asserted by Plaintiffs.
18. Amir Mortazavi is a former Next Health Chief Development Officer who may have knowledge regarding the claims asserted by Plaintiffs.
19. Arvin Zeinali is a former Next Health employee who may have knowledge regarding the claims asserted by Plaintiffs.
20. Yan Narosov is a former Next Health employee who may have knowledge regarding the claims asserted by Plaintiffs.
21. Rob Close is a former Next Health employee who may have knowledge regarding sales.
22. Kevin Olvera may have knowledge regarding financial audit of operations of Next Health and its subsidiaries.
23. Randall Johnson is an attorney who may have knowledge regarding the formation of Next Health, LLC and related entities.

B. Relators

24. Relator Tom Proctor ("**Relator**") is a citizen of the United States and a resident

of the State of Arizona. Relator holds a Doctor of Pharmacy degree from Southwestern State University of Oklahoma and is a licensed pharmacist in the State of Texas and several other States. Currently, Relator works as a pharmacist in the State of Arizona. Relator formerly worked for the Defendant Next Care as a compliance officer.

25. Relator is assisted in his capacity as Relator by Tina Doan, former Director of Pharmacy Operations of Next Health LLC.

IV. LEGAL FRAMEWORK

A. Health Care Programs

26. In 1965, Congress enacted Title XVIII of the Social Security Act, known as the Medicare program, to pay for the costs of certain health care services and items. 42 U.S.C. §§ 1395 et seq. Health and Human Services ("**HHS**") is responsible for the administration and supervision of the Medicare program. Centers for Medicare and Medicaid Services ("**CMS**") is an agency of HHS and directly administers the Medicare program. The Medicare program has several parts, including Medicare Part A, B, and D, each providing health care coverage for various forms of goods and services such as hospitalization, physician services, and prescription medications. 42 U.S.C. § 1395k; 42 C.F.R. § 410.10.
27. TRICARE, formerly known as CHAMPUS, is a federal health benefits program, established by 10 U.S.C. §§ 1071-1110, and administered by the U.S. Secretary of Defense, that provides health care benefits to eligible beneficiaries, which include, among others, active duty service members, retired service members,

and their dependents.

28. Medicaid is a joint Federal-State program providing health coverage to certain qualifying individuals. 42 U.S.C. § 1396-1. Congress and CMS set out general rules under which Medicaid operates. Each State runs its own Medicaid program. Medicaid is partially funded by Federal funds and partially funded by State funds. 42 U.S.C. § 1396(a). Eligibility for Medicaid is largely determined by income. Each State must operate its own Medicaid system, but that system must conform to Federal guidelines in order for the State to receive matching funds and grants.
29. The Federal Employees Health Benefits Program ("FEHBP") offers comprehensive group health insurance to federal employees, retirees and their eligible family members through a wide variety of qualified carriers and plans approved by the U.S. Office of Personnel Management ("OPM"). The FEHBP is funded in part with Federal funds.
30. All Federal and State funded health benefits programs (including, *inter alia*, Medicare, Medicaid, TRICARE, and FEHBP)(hereafter, "Government Health Plans" or "GHPs") require, as a material condition of payment, that authorized medical providers comply with various statutory and regulatory requirements including, *inter alia*, those requiring face-to-face patient encounters; medical practice activities within a prescribed licensure and credentialing and scope of practice; the Anti-Kickback Statute; and Federal and State certifications.

B. Federal False Claims Act

31. The Federal False Claims Act (31 U.S.C. § 3729 *et seq.*, "FCA") provides, in

pertinent part, that:

(a)(1) [a]ny person who (A) knowingly presents, or causes to be presented a false or fraudulent claim for payment or approval; (B) knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim; (C) conspires to commit a violation of subparagraph (A), (B), (D), (E), (F), or (G); (D) has possession, custody, or control of property or money used, or to be used, by the Government and knowingly delivers, or causes to be delivered, less than all of that money or property ... or (G) knowingly makes, uses, or causes to be made or used, a false record or statement material to an obligation to pay or transmit money or property to the Government, or knowingly conceals or knowingly and improperly avoids or decreases an obligation to pay or transmit money or property to the Government ...

is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, as adjusted by the Federal Civil Penalties Inflation Adjustment Act of 1990, plus 3 times the amount of damages which the Government sustains because of the act of that person.

* * *

(b) For purposes of this section, the terms "knowing" and "knowingly" mean that a person, with respect to information (i) has actual knowledge of the information; (ii) acts in deliberate ignorance of the truth or falsity of the information; or (iii) acts in reckless disregard of the truth or falsity of the information, and no proof of specific intent to defraud is required.

C. Anti-Kickback Statute

32. The Anti-Kickback Statute ("AKS"), 42 U.S.C. § 1320a-7b(b), arose out of congressional concern that remuneration provided to those who can influence health care decisions would result in goods and services being provided that are medically unnecessary, of poor quality, or harmful to a vulnerable patient population. To protect the integrity of Federal health care programs from these harms, Congress enacted a prohibition against the payment of kickbacks in any form. First enacted in 1972, Congress strengthened the statute in 1977 and 1987 to

ensure that kickbacks masquerading as legitimate transactions did not evade its reach. *See* Social Security Amendments of 1972, Pub. L. No. 92-603, §§ 242(b) and (c); 42 U.S.C. § 1320a-7b, Medicare-Medicaid Antifraud and Abuse Amendments, Pub. L. No. 95-142: Medicare and Medicaid Patient and Program Protection Act of 1987, Pub. L. No. 100-93.

33. The AKS prohibits any person or entity from soliciting, receiving, offering, or paying remuneration, in cash or in kind, directly or indirectly, to induce or reward any person for purchasing, ordering, or recommending or arranging for the purchasing or ordering of federally funded medical goods or services:

[W]hoever knowingly and willfully solicits or receives any remuneration (including any kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind--

(A) in return for referring an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under a Federal health care program, or

(B) in return for purchasing, leasing, ordering, or arranging for or recommending purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made in whole or in part under a Federal health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than \$25,000 or imprisoned for not more than five years, or both. 42 U.S.C. § 1320a-7b(b).

34. Violation of the AKS also subjects the perpetrator to potential exclusion from participation in GHPs and, "a claim that includes items or services resulting from a violation of this section constitutes a false or fraudulent claim for purposes of the FCA 42 U.S.C. § 1320a-7b(g).

35. The AKS and the corresponding regulations establish a number of exceptions ("**Safe Harbors**") for common business arrangements. 42 C.F.R. § 1001.952. These

Safe Harbors protect arrangements from creating liability under the statute. An arrangement must be squarely in a Safe Harbor to be protected. Safe Harbor protection requires strict compliance with all applicable conditions set out in the relevant regulation. Once the plaintiff proves that the AKS applies, the burden shifts to the defendant to prove that the conduct strictly satisfies one of the exceptions. Relator alleges that no Safe Harbor applies to the conduct alleged herein as violating the AKS.

36. Violation of the AKS renders all claims for payment resulting from the unlawful referrals, submitted or caused to be submitted by parties involved to GHPs, to be subject to the FCA.
37. Falsely certifying compliance with the AKS is a material consideration of GHPs for making payment.

D. Government Health Plans Prescription Medication Reimbursement

38. GHPs implement various reimbursement methodologies for prescription medications provided to GHP beneficiaries.
39. The varying reimbursement methodologies employed by GHPs include strict compliant pricing requirements using various schemes known as and including: Medicare Part D; Usual and Customary pricing; Maximum Allowable Cost; Federal Upper Limit; Estimated Acquisition Cost; Contracted Pricing; Negotiated Pricing; and Average Wholesale Price.
40. Each of the GHP reimbursement methodologies are intended to consistently obtain the prescription dispensary's best pricing for GHP beneficiaries co-pay and the

Government.

41. GHP reimbursement methodologies require the prescribing medical provider hold proper certification and licensure, and to issue prescriptions based on an established relationship with the patient and the patient's documented medical necessity, and to be within the medical provider's prescribed scope of practice limitations.

V. FACTUAL ALLEGATIONS

A. Blanket Program

42. Next Health's Blanket Program ("**Blanket Program**") was used by different pharmacies owned or controlled by Next Health to solicit prescriptions from a network of medical providers in violation of, *inter alia*, the AKS.
43. The Blanket Program utilized a "**Blanket Agreement**" executed by medical providers who regularly prescribe medications to GHP beneficiaries.
44. The Blanket Agreements provided for medical providers' pre-authorization to substitute one or more prescription and non-prescription medications for the providers' prescribed medication. The beneficiaries were not receiving what was prescribed by the doctors.
45. Next Health employed and/or contracted with individuals known as "**Medical Representatives**" or "**Sponsors**" (hereafter, "**Sponsor**") and sales representatives to solicit medical providers to join the Blanket Program. Examples of documents signed by Doctors participating in the Next Health Blanket

Program are hereto attached as “Exhibit 1”. (See Exhibit 1, Blanket Authorizations).

46. Upon information and belief, the following are individuals employed by Next Health, LLC as marketers or “sponsors”, however it is not a complete list:

1. Dr. Sekhar Rao
2. Dr. Yun Kim
3. Dr. Vjiay Parameswara
4. Dr. Love Sozi
5. Dr Davis
6. Dr Robert Josey
7. Dr Eric Sabonghy
8. Dr Eric Matthew Heinrick
9. Dr Eddie Huang
10. Dr Farbstein
11. Dr Amit Parikh
12. Dr John Noack
13. Dr Robert Leisten
14. Dr David Korfin
15. Dr Kathryn Mclechy
16. Dr. Tameya G. Sam

Upon information and belief, the following is a list of businesses/ corporations/ LLC’s used by, operated by, operated with, in partnership with, and participating in the fraudulent schemes as set forth herein, but it is not a complete list:

1. United Toxicology LLC
2. Medicus Laboratories LLC
3. US Toxicology LLC
4. American Laboratories Group LLC
5. ALG
6. UTox
7. U.S. Health Group
8. ADAR Group
9. Sirius Toxicology
10. IMR
11. True Labs

12. Forge Health Systems LLC
13. Executive Health Systems LLC
14. The Apothecary Shop
15. Pharma Holdings US Ltd
16. Pharma Holdings US LLP
17. Apex Pharma
18. Apex Pharmacy
19. Total Pharma
20. Lot Pharma
21. Next Health Executives
22. Dallasite
23. Sirius Laboratories
24. Pioneer Laboratories
25. Blaze Surgical
26. Blaze Surgical II
27. Blaze Surgical III
28. Blaze Surgical IV
29. Blaze Surgical V
30. Blaze Surgical VI
31. Lab 1 Toxicology
32. Trident Toxicology
33. Infinity Toxicology
34. Trident Laboratories
35. Guardian Toxicology
36. National Toxicology
37. Sunshine Toxicology
38. U.S. Tox
39. Clinical Labs of America
40. Cor Pharma
41. Roc Pharma
42. Meds Direct Rx of Nevada (NV), LLC
43. Gulf State Health Partners LLC
44. RX2 Geaux
45. JPX2 LLC
46. America Meds Direct Rx
47. Maha Kali Naga Balaji LLC
48. Forney Pharmacy
49. McJele Ventures Inc.
50. AC Pharmacy
51. Meyerland Pharmacy
52. New Hope Pharmacy Inc.
53. Meds Direct RX of CA
54. Pharma Holding US of FL
55. Meds Direct RX of FL
56. Pharma Holding US of NY

57. Meds Direct RX of NY
58. Pharma Holding US of TN
59. Meds Direct RX of TN
60. Pharma Holdings of California
61. Pharmaceutical Care Solutions LLC
62. Pharmacy 45
63. Pinnacle Pharma
64. Progressive Pharma
65. Altus Pharma LLC
66. Altus Pharmacy LLC
67. TD Pharmacy
68. Absolute Pharma
69. Hilltree Pharmacy
70. Legacy Pharmacy
71. Patients Pharmacy
72. Patients Pharma
73. Select Pharma
74. International Medical Research
75. Oxendine Insurance Services
76. Health Fairs USA
77. MMA Services
78. D&F Marketing
79. MedLeft
80. BLB Premiere
81. Physician Resource
82. New Way Labs
83. Sea Change Santa Monica
84. North Bay Recovery Center
85. Complete Wellness Consulting
86. Orange County Recovery Services
87. Sweeney Foot & Ankle
88. Champion Medical Center
89. Advanced Total Management
90. Energized Inc.
91. Healthcare Marketing, LLC
92. Optimized Inc.
93. AM Healthcare Holdings, LLC
94. Medveritas Holdings/ R. Close Holdings
95. MNCR, LLC
96. Business Partners in Healthcare
97. ISM Holdings, LLC
98. Affinity Healthcare Systems Inc.
99. Allied Tri Med
100. ASA Distributors of Puerto Rico
101. Executive Healthcare

102. Horizon Testing Consultants
103. Hospital Business Concepts
104. Hygeia Affiliates
105. L2 Surgical
106. Liberty Toxicology
107. Med Creations
108. Metroplex Physicians PA
109. National Toxicology
110. Net Med Inc.
111. Plano Total Health PA
112. Premier Total Healthcare PA
113. Prime Anesthesia Staffing
114. Pure Labs
115. Reliant Laboratories
116. SKY Total Management
117. SSAM Inc.
118. Total Anesthesia Solutions
119. Total Surgical Management
120. Tru Med Financial
121. University Laboratories
122. US Anesthesia Solutions
123. CRFV Investors
124. Forge Realty Partners
125. FP Keller
126. FP Kellar LP
127. FP Kellar GP LLC
128. MedPlaz Partners
129. WWCD MedPlaz
130. Total Healthcare Group
131. Total Healthcare Group II LLC
132. National Surgical Partners
133. OSSIS Surgical Products
134. Physician Services Inc.
135. Physerve Physician Services
136. Medical Edge Healthcare Grou
137. Gold Surgical Products LLC
138. Gold Surgical Products II LLC
139. Gold Surgical Products III LLC
140. Gold Surgical Products IV LLC
141. Gold Surgical Products V LLC
142. Gold Surgical Products VI LLC
143. Gold Surgical Products VII LLC
144. Gold Surgical Products VIII LLC
145. Gold Surgical Products IX LLC
146. Gold Surgical Products X LLC

147. Crown Surgical Products LLC
148. Crown Surgical Products II LLC
149. Crown Surgical Products III LLC
150. Crown Surgical Products IV LLC
151. Crown Surgical Products V LLC
152. Crown Surgical Products VI LLC
153. Crown Surgical Products VII LLC
154. Crown Surgical Products VIII LLC
155. Diamond Surgical Products LLC
156. Diamond Surgical Products II LLC
157. Diamond Surgical Products III LLC
158. Diamond Surgical Products IV LLC
159. Diamond Surgical Products V LLC
160. Diamond Surgical Products VI LLC
161. Diamond Surgical Products VII LLC
162. Diamond Surgical Products VIII LLC
163. Linear Surgical Products LLC
164. Linear Surgical Products II LLC
165. Linear Surgical Products III LLC
166. Linear Surgical Products IV LLC
167. Linear Surgical Products V LLC
168. Linear Surgical Products VI LLC
169. Linear Surgical Products VII LLC
170. Linear Surgical Products VIII LLC
171. Linear Surgical Products IX LLC
172. Linear Surgical Products X LLC
173. Crest Surgical Products LLC
174. Bayou Surgical Products LLC
175. VCC Surgical Products LLC
176. Cammodore Surgical Products LLC
177. Bandit Surgical Products LLC
178. Athena Surgical Products LLC
179. Compass Surgical Products LLC
180. Performance Ortho Metal LLC
181. American Standard Surgical Products LLC
182. MDC Surgical Products LLC
183. Cosmic Spinal Considerations LLC
184. World Surgical Products LLC
185. Rembrandt Surgical Products LLC
186. Value Surgical Products LLC
187. Ossa Ad Vitam LLC
188. Handy Surgical Products
189. Irish Surgical Products LLC
190. Caduceus Surgical Products LLC
191. Focal Surgical Products LLC

192. Gotham Surgical Products LLC
193. Excalibur Surgical Products LLC
194. Kinetic Surgical Products LLC
195. Modular Surgical Products LLC
196. Omega Surgical Products LLC
197. Charcoal Surgical Instruments LLC
198. Dixie Surgical Products LLC
199. Majestic Surgical Products LLC
200. Vector Ortho
201. Matrix Amnion
202. Latitude Spine Systems
203. Key Spine
204. Total Life Science
205. Critical Healthcare Management
206. ACCR Holdings
207. BC Rossel Holdings
208. CB Rossel Holdings
209. L'Chaim Holdings Ltd
210. BDS Healthcare
211. Capital Rx Holdings
212. Clutch Pharmacy
213. Community Express Pharmacy
214. Advanced Care Pharmacy
215. Duke Pharmacy
216. Energum Rx
217. ESN Holdings
218. Healthcare Rx
219. Optimum Rx
220. Pharma Holdings LA
221. Next Health Pharmacy
222. United Pharmacy Group
223. Texas IO Monitoring
224. Stars Toxicology LLC
225. South Towers Holdings LLC
226. Temple Biotech LLC
227. Infinity Biotech
228. Libertas Genetics
229. Maine Surgical Products LLC
230. Sengy
231. SRN Holdings
232. Tigers Surgical
233. Carnation Pharmacy
234. Comprehensive Lab Services
235. Empire Labs
236. Allied Trimed Rx

- 237. Allied Trimed
- 238. Facilitated Labs
- 239. HFAA Medical
- 240. Hillcrest Pharmacy
- 241. Horizon Ortho
- 242. Medicine Works
- 243. National Healthcare Management
- 244. Ortho In Motion
- 245. Parkland Pharmacy
- 246. Physician Innovative Strategies
- 247. Neurocentric Solutions
- 248. Pinnacle Spine
- 249. Treetop Pharmacy
- 250. Vista Ortho
- 251. Reclaim Physicians Medical Group
- 252. Mort Water LLC
- 253. Texas Pro Medical Corporation
- 254. Pharma Select of Texas
- 255. Community Pharmacy Partners
- 256. American Meds Direct Rx
- 257. Rise Holdco LLC
- 258. Rise Health Systems
- 259. Advanced Total Rehabilitation
- 260. US Global Medical Services
- 261. Recovery First Resources
- 262. Central Toxicology
- 263. Forney Pain Partners
- 264. Priority Surgical Care
- 265. Metabolic Wellness Supplement
- 266. Physicians Iron Man/ Back Office
- 267. M&A Pharmacy
- 268. Americas Meds Direct
- 269. Total RX Pharmacy/ Pharmacare of TX, LLC
- 270. U.S. Health Group (rebranded) Next Health Sugar Program
- 271. City of Life, Inc.
- 272. Next Health LLC
- 273. Specialty Pharmacy Management
- 274. Express Scripts

47. Next Health substituted medications based on GHP and non-GHP reimbursement; not on medical necessity, and without consideration of, or adherence to, Federal

or State regulations prohibiting such substitutions.

48. Next Health unlawfully paid money to the Blanket Program medical providers in amounts based on the medical providers' volume and value of prescriptions filled through Next Health controlled pharmacies.
49. To grow its network of medical providers prescribing medications to be filled at Next Health pharmacies under the Blanket Program, Next Health encouraged medical providers to utilize and pre-authorize other medical providers (Sub-Level Providers). Next Health kept a running tally of the amount of prescriptions referred by Sub-Level Providers so the Sub-Level Providers' authorizing provider would get "credit" for those prescriptions, and thereby increase the amount of remuneration Next Health paid to the authorizing provider.
50. The Sub-Level Providers were encouraged to, and routinely did, prescribe medications through Next Health pharmacies, often without their authorizing-provider having seen the patient for whom prescriptions were being ordered.
51. The Sub-Level Providers were often not properly qualified, credentialed, or appropriately licensed to order certain medications for patients, and did so unlawfully under the Blanket Program providers' licensure and authority.
52. Each Sub-Level Provider's prescription would accrue financial benefit to the Blanket Program medical provider.
53. Next Health would bill to and collect from GHP and non-GHP payors for all Blanket Program prescriptions, and in turn distribute the collected amounts as follows: 30% to the Blanket Program medical provider; 5-10% to the Sponsor;

10% to the sales representative; and 50-55% to Next Health. The goal of the fraud was to obtain the maximum reimbursement from the GHP and private insurance companies. This allowed them to get the most money from the Government and private insurance companies, and to get more money they were not entitled to. They did this by:

a) Hiring individuals to solicit Doctors to participate in the Blanket Program. For their effort, they received 5-10% of the amount received from the Government and private insurances.

b) They hired marketers, also known as sales people, to encourage the Doctors to write more prescriptions and maintain the level of revenue from prescriptions required by the Defendants. Marketers received approximately 10% of the sales.

c) The Next Health pharmacists would apply an algorithm to assist in determining the best reimbursement which would result in a higher reimbursement for the prescription. The pharmacy would change the prescribed drug, and at times the substances dispensed to the beneficiaries were not approved by the FDA for human use. An example of this is the DMSO² compound substance.

d) Almost universally, the Defendants would waive the co-pays of the beneficiaries to prevent them from protesting because the co-pays were excessive due to the price of the prescription. Sometimes, the co-pays were paid

² DMSO is an industrial solvent which has been allowed by FDA to be used topically in veterinarian medicine but is expressly prohibited for use in or on humans.

by the Defendants on credit cards, that have since been given to the FBI, that were issued to the Defendants with the sole purpose of paying co-pays, so as to not arouse suspicion from the beneficiaries. The Defendants' pharmacies would refill the prescriptions without authorization, or knowledge of the treating physician, and regardless of the medical necessity of the beneficiaries.

e) Next Health routinely employed and/or contracted with individuals and/or organizations for the purpose of importing prescription medications not approved by the U.S. Food and Drug Administration ("FDA"), and then distributed these "counterfeit" medications through Next Health's network of pharmacies. Individuals Relator knows were involved include Mr. Allen Cohen and Mr. Noah Jessup.

B. Sugar Program

54. Next Health developed a large, expansive, and extensive network of Blanket Program prescribing medical providers, primarily across Texas, Oklahoma, Louisiana, Arizona, New Mexico, and Florida.
55. Next Health maintained a separate accounting system for keeping up with and managing its network of prescribing medical providers. This separate system was referred to internally within Next Health as the "**Sugar Program.**"
56. The Sugar Program received all cash payments made to the pharmacies in the Next Health network.
57. Next Health maintained exceptionally tight controls on who was allowed access to the Sugar Program. This access did not include Relator, but did include

Defendants Narosov and Hillman.

58. Next Health management, including Narosov and Hillman, created and maintained the Sugar Program because they knew their Blanket Program activities violated Federal and State law, including the AK.S.
59. The Sugar Program was not used to manage the day-to-day operations associated with handling over 100 pharmacies, thousands of prescriptions, and hundreds of prescribing medical providers; Next Health employed another system for these tasks (Also referred to as the "Operational Program").
60. To maintain its Blanket Program scheme, the data within the Operational Program and the Sugar Program necessarily required some synchronization for data elements such as the list of prescribing medical providers, Sponsors and sales representatives.

C. Medical Necessity for Compounded Medications

61. Next Health created, distributed and used a variety of paper forms for its Blanket Program, including forms for pre-determined compounded medication prescriptions.
62. Next Health provided these forms to its expansive list of prescribing medical providers in order for these providers could easily select and prescribe one or more compounded medications.
63. A prescribing medical provider would transmit a completed form to Next Health, often by fax, and Next Health would then determine which of its pharmacies would fill the prescription and at what price. Delivery of the medication to the patient

was often done by use of overnight courier.

64. Oftentimes, the medical provider ordering the medication was a Sub-Level Provider, and would be ordering a prescription outside of the limits and scope of their medical licensure. Next Health would not fill the prescription under the authorization of the medical provider that actually ordered it (i.e., the Sub-Level Providers); rather, Next Health had set up its Operational and Sugar Programs to substitute another medical provider who, often, had not even seen the patient. Attached are examples of Defendant's spreadsheets that identify pharmacies, beneficiaries, payors, drug payors, as well as payments and claims made to the government and paid by the government. (See Exhibit 2, Spreadsheets).

D. Waiver of Coinsurance and Copays

65. Next Health would routinely waive or significantly reduce GHP beneficiaries' coinsurance and/or co-pay amounts due.
66. Even though waiving these amounts meant less revenue to Next Health for any particular transaction, Next Health was motivated to waive these amounts so the patients would not reject the prescription fulfillment due to a high coinsurance and/or co-pay amount.
67. By so doing, Next Health could bill a GHP for amounts often in the thousands of dollars for a single prescription, while the patient was left unaware that, pursuant to their GHP, they were supposed to have paid hundreds of dollars.
68. Next Health would routinely charge different amounts to different patients, including GHP beneficiaries, in violation of the various pricing regulations

imposed by GHPs on pharmacies.

E. Gray Market Prescriptions

69. Next Health routinely employed and/or contracted with individuals and/or organizations for the purpose of importing prescription medications not approved by the U.S. Food and Drug Administration ("FDA"), and then distributed these "counterfeit" medications through Next Health's network of pharmacies. Individuals Relator knows were involved include Mr. Allen Cohen and Mr. Noah Jessup.
70. These counterfeit medications were often sourced from China without pedigreed and documented quality control, ingredient lists, inspection, or other requisite requirements for medication distribution pursuant to statute and rules of the FDA and other Government Agencies.
71. The Gray Market scheme utilized a packaging and coding scheme to give the counterfeit medications a legitimate appearance, however often using National Drug Control ("NDC") numbers that were unassigned.
72. Next Health manages over 100 pharmacies that they have built, acquired, or partnered with. Next Health routinely distributes (i.e., launders) the counterfeit medications through its pharmacies that it has acquired by stocking recently acquired pharmacy(ies) with these medications, and then managing other pharmacies' prescription fulfillment centrally, having one pharmacy fill prescriptions for many others located elsewhere across the country.
73. Relator believes that, at the time of filing the Original Complaint, there were

currently thousands of such medications being sold through Next Health pharmacies, utilizing subsidiaries, d/b/a's, tradenames, and/or affiliates including those referred to as "Med Creations," "Medical Direct," and "Altus."

74. Relator has seen Next Health reports and heard statements from Defendant Hillman indicating that the Next Health pharmacy operations were producing \$35 million each month in revenue.

VI. CLAIMS

COUNT 1: False Claims Submitted Under 31 U.S.C. § 3729(a)(1)(A)

75. The FCA provides liability for any person who "knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval." 31 U.S.C. §3729(a)(1)(A).
76. As more particularly set forth in the foregoing paragraphs, by virtue of the acts alleged herein the Defendants have knowingly presented or caused to be presented false or fraudulent claims to Federal and State healthcare programs for payment or approval in violation of 31 U.S.C. § 3729(a)(1)(A).
77. The United States Government, or its authorized agent, unaware of the improper supervision orchestrated by Defendants, paid the false and/or fraudulent claims. A violation of § 3729(a)(1)(A) is material to the Government's decision to make payment.
78. By virtue of the false or fraudulent claims Defendants knowingly caused to be presented, the United States Government has suffered substantial monetary damages.

COUNT 2: False Records Under 31 U.S.C. § 3729(a)(1)(B)

79. The FCA provides liability for any person who "knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim." 31 U.S.C. § 3729(a)(1)(B).
80. As particularly set forth in the foregoing paragraphs, by virtue of the acts alleged herein the Defendants have knowingly made, used, or caused to be made or used, false records or statements- i.e., the false records, certifications and representations made or caused to be made by Defendants—material to false or fraudulent claims in violation of 31 U.S.C. § 3729(a)(1)(B).
81. Defendants knowingly made or used false records or statements (a) to get false or fraudulent claims paid or approved by the Government, and/or (b) material to false or fraudulent claims, in violation of 31 U.S.C. § 3729(a). The false records or statements included, but were not limited to, the Defendants' false certifications and representations of full compliance with all Federal and State laws and regulations prohibiting fraudulent acts and false reporting, including but not limited to violation of the AKS.
82. A violation of § 3729(a)(1)(B) is material to the Government's decision to make payment.
83. By virtue of the false records or statements made or used by Defendants, the United States Government has suffered substantial monetary damages.

**COUNT 3: Conspiracy Under 31 U.S.C. §
3729(a)(1)(C)**

84. The FCA provides liability for any person who "conspires to commit a violation of subparagraph (A), (B), (D), (E), (F), or (G)." 31 U.S.C. § 3729(a)(1)(C).
85. Two or more of Defendants and/or Next Health management entered into agreements among each other and overtly acted to conspire to defraud the United States by submitting false or fraudulent claims for reimbursement from the United States for money to which they were not entitled, in violation of 31 U.S.C. § 3729(a)(1)(C). As part of the schemes and agreements to obtain reimbursement from the United States in violation of Federal laws, Defendants overtly acted to conspire to create the Blanket Program and use the Sugar Program to conceal it.
86. A violation of § 3729(a)(1)(C) is material to the Government's decision to make payment.
87. By virtue of the false records or statements made or used by Defendants, the United States Government has suffered substantial monetary damages.

**COUNT 4: Retention Of Overpayments Under 31 U.S.C. §
3729(a)(1)(G)**

88. Plaintiff realleges and reincorporates by reference to the allegations contained in paragraphs 1 through 36 of this Complaint. This is a claim for triple damages, civil penalties and attorney fees under the Federal False Claims Act, 31 U.S.C. §§ 3729,

et seq. as amended. By means of the acts described and the payment by the government, the Defendant received monies to which they were not entitled. Furthermore, the Defendants knowingly and willingly accepted the funds to which they did not have a claim and retained those funds without informing the government of the wrongful payment. Under 31 U.S.C. §3729(a)(1)(G), the Defendants have an obligation to repay all of the wrongful payments to which they did not have legal claim.

89. The Defendants failed to repay any of the wrongfully retained monies and concealed the improper overpayments from the government against federal laws.
90. The Defendants further acted with improper avoidance of the obligation to repay the funds to the government in violation of the federal false claims act. In doing so, the Defendants, both individuals and the corporation, acted to knowingly retain the wrongful government payments which were not due to them.
91. The government was immediately entitled to the return of the wrongful payments which the Defendants were not entitled to. As such, the government has been damaged by the failure of the Defendants to repay the amounts to which they had no legitimate claim. By reason of these payments, the United States has been damaged and continues to be damaged in a substantial amount.

COUNT 5: Violation of the Anti-Kickback Statute 42 U.S.C. § 1320a-7b(b)

92. The AKS provides liability for any person or entity for soliciting, receiving, offering, or paying remuneration, in cash or in kind, directly or indirectly, to induce or reward any person for purchasing, ordering, or recommending or

arranging for the purchasing or ordering of federally funded medical goods or services. 42 U.S.C. § 1320a-7b(b).

93. The AKS provides that "a claim that includes items or services resulting from a violation of the AKS is "a false or fraudulent claim for purposes" of the FCA, thereby invoking the FCA's damages and penalties provisions for each such claim. 42 U.S.C. §1320a-7b(g).

94. As particularly set forth in the foregoing paragraphs, by virtue of the acts alleged herein the Defendants have knowingly violated the AKS in their Blanket Program implementation, and attempted to conceal it by use of their Sugar Program.

95. By virtue of Defendant's actions, Defendants have knowingly violated the AKS and the FCA, and the United States Government has suffered substantial monetary damages as a result.

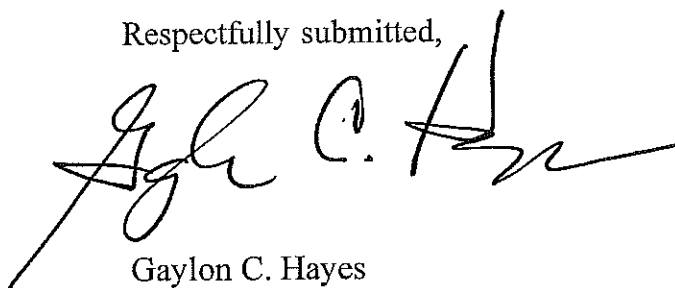
VII. REQUEST FOR TRIAL BY JURY

96. Pursuant to Rule 38 of the Federal Rules of Civil Procedure, the Relator hereby demands trial by jury.

WHEREFORE, Relator, on behalf of himself and the United States, prays that the Court enter judgment against Defendants in an amount equal to the amount determined pursuant to the Federal False Claims Act as damages the United States sustained, plus civil penalties for each and every violation as prescribed by statute; that the Relator be awarded an amount that the Court decides pursuant to the Federal False Claims Act as reasonable for collecting such civil penalties and damages; and that the Relator be awarded all

costs and expenses incurred, including reasonable attorney's fees; and other such relief the court deems appropriate.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Gaylon C. Hayes", with a stylized flourish extending from the end.

Gaylon C. Hayes
Oklahoma Bar 14492; Tx Bar 24071384
6805 South Western Ave. Suite 500
Oklahoma City, OK 73139
Telephone: 405/616-5045
Facsimile: 405/616-5062
gaylon@hhhlawfirm.com
whitney@hhhlawfirm.com
Attorney for Relator

Blanket Authorization For Metabolic Wellness Supplements:

Dear Prescriber,

We wanted to thank you for allowing The Apothecary Shop Pharmacy to take care of your patients with customized compounded medications. We now have a **Metabolic Wellness Supplement** (Methyloobalamin 7.5mg, Alpha Lipic Acid 250 mg, Resveratrol 200mg) available for your patients. These supplements are available as an adjunct for your patients in order to increase the efficacy of their medication, help the healing process, and improve their general health. Your authorization is allowing the addition of the Metabolic Wellness Supplements with the patient's compounded medication. With both products, the patient will be provided the therapy regimen that provides the best quality patient care. Your approval will help expedite the processing of their prescription.

Metabolic Wellness Supplement for a month supply is #60, and the directions are take 1 capsule by mouth with food two times a day.

Once again, thank you for your time and consideration. If you have any questions please feel free to contact me directly at (214) 357-8889

Please fax back to (844) 239-1553

Sincerely,

Vlad Bekker, Pharm D.

Pharmacy Manager

Prescriber name printed: _____

Prescriber Signature: _____

Authorization time period: January 1, 2015 – December 31, 2015



Blanket Authorization For Metabolic Wellness Supplements:

Dear Prescriber,

We wanted to thank you for allowing our pharmacy to take care of your patients with customized compounded medications. We now have a **Metabolic Wellness Supplement** (Methylcobalamin 7.5mg, Alpha Lipoic Acid 250 mg, Resveratrol 200mg) available for your patients. These supplements are available as an adjunct for your patients in order to increase the efficacy of their medication, help the healing process, and improve their general health. Your authorization is allowing the addition of the Metabolic Wellness Supplements with the patient's compounded medication. With both products, the patient will be provided the therapy regimen that provides the best quality patient care. Your approval will help expedite the processing of their prescription.

Metabolic Wellness Supplement for a month supply is #60; and the directions are take 1 capsule by mouth with food two times a day.

Once again, thank you for your time and consideration. If you have any questions please feel free to contact me directly.

Sincerely,

Pharmacy Manager

Prescriber name printed: [REDACTED]

Prescriber Signature: [REDACTED]

Authorization time period: January 1, 2015 – December 31, 2015

04/13/2015 12:24 UT Physicians Ironman/ Back Offc
09-4-2015 12:56 PM Fax Services

(FAX) 713 467 6775

P.004/005

-> 17134676775

D 6

Blanket Authorization For Metabolic Wellness Supplements:

Dear Prescriber,

We wanted to thank you for allowing our pharmacy to take care of your patients with customized compounded medications. We now have a Metabolic Wellness Supplement (Methylcobalamin 7.5mg, Alpha Lipoic Acid 250 mg, Resveratrol 200mg) available for your patients. These supplements are available as an adjunct for your patients in order to increase the efficacy of their medication, help the healing process, and improve their general health. Your authorization is allowing the addition of the Metabolic Wellness Supplements with the patient's compounded medication. With both products, the patient will be provided the therapy regimen that provides the best quality patient care. Your approval will help expedite the processing of their prescription.

Metabolic Wellness Supplement for a month supply is #60, and the directions are take 1 capsule by mouth with food two times a day.

Once again, thank you for your time and consideration. If you have any questions please feel free to contact me directly.

Sincerely,

NO

Pharmacy Manager

Prescriber name printed: _____

Prescriber Signature: _____

Authorization time period: January 1, 2015 – December 31, 2015

Blanket Authorization For Metabolic Wellness Supplements:

Dear Prescriber,

We wanted to thank you for allowing our pharmacy to take care of your patients with customized compounded medications. We now have a **Metabolic Wellness Supplement** (Methylcobalamin 7.5mg, Alpha Lipoic Acid 250 mg, Resveratrol 200mg) available for your patients. These supplements are available as an adjunct for your patients in order to increase the efficacy of their medication, help the healing process, and improve their general health. Your authorization is allowing the addition of the Metabolic Wellness Supplements with the patient's compounded medication. With both products, the patient will be provided the therapy regimen that provides the best quality patient care. Your approval will help expedite the processing of their prescription.

Metabolic Wellness Supplement for a month supply is #60, and the directions are take 1 capsule by mouth with food two times a day.

Once again, thank you for your time and consideration. If you have any questions please feel free to contact me directly.

Sincerely,

Pharmacy Manager

Prescriber name printed: _____

Prescriber Signature: _____

Authorization time period: _____ January 1, 2015 – December 31, 2015 _____

Feb/20/2015 12:58:29 PM

HOSP 713-314-2990

5/5

17-2-2015 5:10 PM

Fax Services

17133142990

D 5

**Blanket Authorization Request for Metabolic Wellness
Supplements**

Dear Dr. [REDACTED]

Attention: [REDACTED]

We wanted to thank you for allowing ROC Pharma to take care of your patients with customized compounded medications. We now have a Metabolic Wellness Supplement (Methylcobalamin 7.5mg, Alpha Lipoic Acid 250mg, Resveratrol 200mg) available for your patients.

These supplements are available as an adjunct for your patients in order to increase the efficacy of their medication, help with the healing process, and improve their general health. Your authorization is allowing the addition of Metabolic Wellness Supplements to the patient's profile. With both products, the patient will be provided a regimen that provides best quality of patient care. Your approval will help expedite the processing of their prescription.

Attached to this document is a study that supports the use for these supplements. In summary: methylcobalamin increases red blood cell production and production of ATP at the cellular level, Alpha Lipoic Acid is approved for the treatment of diabetic neuropathy in other countries by means of slowing, reducing, and possibly reversing cell damage, and resveratrol is an antioxidant extracted from grapes which functions to decrease inflammation. Together, they increase blood flow and decrease healing time.

If you approve of the addition of Metabolic Wellness Supplements to your patient's profile, please fax your signature to:

ROC Pharma
Fax: 888-887-1120
Tel: 888-598-8898
13140 Colt Rd, Ste 212
Dallas, TX 75240

RX: Metabolic Wellness Supplement

Sig: 1 CAP PO BID WITH FOOD

QTY: 60 capsules

Signature: [REDACTED]

Date: 2-19-15

Thank you for your time and consideration.

Regards,

Leslie Giang, PharmD, RPh
Pharmacy Manager

02/19/2015 01:24PM 8063530165

SICHERFOOTCENTER

PAGE 04/05

Blanket Authorization For Metabolic Wellness Supplements:

Dear Prescriber,

We wanted to thank you for allowing ROC Pharmacy take care of your patients with customized compounded medications. We now have a **Metabolic Wellness Supplement** (Methylcobalamin 7.5mg, Alpha Lipoic Acid 250 mg, Resveratrol 200mg) available for your patients. These supplements are available as an adjunct for your patients in order to increase the efficacy of their medication, help the healing process, and improve their general health. Your authorization is allowing the addition of the Metabolic Wellness Supplements with the patient's compounded medication. With both products, the patient will be provided the therapy regimen that provides the best quality patient care. Your approval will help expedite the processing of their prescription.

Metabolic Wellness Supplement for a month supply is #60, and the directions are take 1 capsule by mouth with food two times a day.

Once again, thank you for your time and consideration. If you have any questions please feel free to contact me directly at (855) 598-8898.

Please fax back to (888) 887-1120.

Sincerely,

Leslie Giang, PharmD
Pharmacy Manager

Prescriber name printed: _____

Prescriber Signature: _____

Authorization time period: _____ January 1, 2015 – December 31, 2015 _____

Blanket Authorization For Metabolic Wellness Supplements:

Dr. L. RAY
D. RAY

Dear Prescriber,

We wanted to thank you for allowing ROC Pharma to take care of your patients with customized compounded medications. We now have a **Metabolic Wellness Supplement** (Methylcobalamin 7.5mg, Alpha Lipoic Acid 250 mg, Resveratrol 200mg) available for your patients. These supplements are available as an adjunct for your patients in order to increase the efficacy of their medication, help the healing process, and improve their general health. Your authorization is allowing the addition of the Metabolic Wellness Supplements with the patient's compounded medication. With both products, the patient will be provided the therapy regimen that provides the best quality patient care. Your approval will help expedite the processing of their prescription.

Metabolic Wellness Supplement for a month supply is #60, and the directions are take 1 capsule by mouth with food two times a day.

Once again, thank you for your time and consideration. If you have any questions please feel free to contact me directly at (855) 598-8898.

Please fax back to (888) 837-1120.

Sincerely,

Leslie Giang, PharmD
Pharmacy Manager

Prescriber name printed: _____

Prescriber Signature: _____

Authorization time period: _____ January 1, 2015 – December 31, 2015 _____

03-2-2015 7:20 PM

Fax Services

15124762832

D7

**Blanket Authorization Request for Metabolic Wellness
Supplements**

Dear Dr. [REDACTED]

Attention:

We wanted to thank you for allowing ROC Pharma to take care of your patients with customized compounded medications. We now have a Metabolic Wellness Supplement (Methylcobalamin 7.5mg, Alpha Lipoic Acid 250mg, Resveratrol 200mg) available for your patients.

These supplements are available as an adjunct for your patients in order to increase the efficacy of their medication, help with the healing process, and improve their general health. Your authorization is allowing the addition of Metabolic Wellness Supplements to the patient's profile. With both products, the patient will be provided a regimen that provides best quality of patient care. Your approval will help expedite the processing of their prescription.

Attached to this document is a study that supports the use for these supplements. In summary; methylcobalamin increases red blood cell production and production of ATP at the cellular level, Alpha Lipoic Acid is approved for the treatment of diabetic neuropathy in other countries by means of slowing, reducing, and possibly reversing cell damage, and resveratrol is an antioxidant extracted from grapes which functions to decrease inflammation. Together, they increase blood flow and decrease healing time.

If you approve of the addition of Metabolic Wellness Supplements to your patient's profile, please fax your signature to:

ROC Pharma
Fax: 888-887-1120
Tel: 888-598-8898
13140 Coit Rd. Ste 212
Dallas, TX 75240

RX: Metabolic Wellness Supplement
Sig: 1 CAP PO BID WITH FOOD
QTY: 60 capsules

Signature: [REDACTED]

Date: 2/11/15

Thank you for your time and consideration.

Regards,

Leslie Giang, PharmD, RPh
Pharmacy Manager

Blanket Authorization For Metabolic Wellness Supplements:

Dear Prescriber,

We wanted to thank you for allowing ROC Pharma to take care of your patients with customized compounded medications. We now have a Metabolic Wellness Supplement (Methylcobalamin 7.5mg, Alpha Lipoic Acid 250 mg, Resveratrol 200mg) available for your patients. These supplements are available as an adjunct for your patients in order to increase the efficacy of their medication, help the healing process, and improve their general health. Your authorization is allowing the addition of the Metabolic Wellness Supplements with the patient's compounded medication. With both products, the patient will be provided the therapy regimen that provides the best quality patient care. Your approval will help expedite the processing of their prescription.

Metabolic Wellness Supplement for a month supply is #60, and the directions are take 1 capsule by mouth with food two times a day.

Once again, thank you for your time and consideration. If you have any questions please feel free to contact me directly at (855) 598-8898.

Please fax back to (888) 887-1120.

Sincerely,

Leslie Giang, PharmD
Pharmacy Manager

Prescriber name printed: _____

Prescriber Signature: _____

Authorization time period: January 1, 2015 – December 31, 2015

DARR CROWBIE

03-2-2015 9:08 PM

Fax Services

→ 17137950774

07

**Blanket Authorization Request for Metabolic Wellness
Supplements**

Dear Dr. [REDACTED]

Attention:

We wanted to thank you for allowing ROC Pharma to take care of your patients with customized compounded medications. We now have a Metabolic Wellness Supplement (Methylcobalamin 7.5mg, Alpha Lipic Acid 250mg, Resveratrol 200mg) available for your patients.

These supplements are available as an adjunct for your patients in order to increase the efficacy of their medication, help with the healing process, and improve their general health. Your authorization is allowing the addition of Metabolic Wellness Supplements to the patient's profile. With both products, the patient will be provided a regimen that provides best quality of patient care. Your approval will help expedite the processing of their prescription.

Attached to this document is a study that supports the use for these supplements. In summary: methylcobalamin increases red blood cell production and production of ATP at the cellular level, Alpha Lipic Acid is approved for the treatment of diabetic neuropathy in other countries by means of slowing, reducing, and possibly reversing cell damage, and resveratrol is an antioxidant extracted from grapes which functions to decrease inflammation. Together, they increase blood flow and decrease healing time.

If you approve of the addition of Metabolic Wellness Supplements to your patient's profile, please fax your signature to:

ROC Pharma
Fax: 888-887-1120
Tel: 888-598-8898
13140 Coit Rd. Ste 212
Dallas, TX 75240

RX: Metabolic Wellness Supplement

Sig: 1 CAP PO BID WITH FOOD

QTY: 60 capsules

Signature: [REDACTED]

Date: 2/5/15

Thank you for your time and consideration.

Regards,

Leslie Giang, PharmD, RPh
Pharmacy Manager

Feb. 5. 2015 11:25AM

No. 7677 exp. 2/20

**Blanket Authorization Request for Metabolic Wellness
Supplements**

Dear Dr. [REDACTED]

Attention:

We wanted to thank you for allowing ROC Pharma to take care of your patients with customized compounded medications. We now have a Metabolic Wellness Supplement (Methylcobalamin 7.5mg, Alpha Lipoic Acid 250mg, Resveratrol 200mg) available for your patients.

These supplements are available as an adjunct for your patients in order to increase the efficacy of their medication, help with the healing process, and improve their general health. Your authorization is allowing the addition of Metabolic Wellness Supplements to the patient's profile. With both products, the patient will be provided a regimen that provides best quality of patient care. Your approval will help expedite the processing of their prescription.

Attached to this document is a study that supports the use for these supplements. In summary: methylcobalamin increases red blood cell production and production of ATP at the cellular level, Alpha Lipoic Acid is approved for the treatment of diabetic neuropathy in other countries by means of slowing, reducing, and possibly reversing cell damage, and resveratrol is an antioxidant extracted from grapes which functions to decrease inflammation. Together, they increase blood flow and decrease healing time.

If you approve of the addition of Metabolic Wellness Supplements to your patient's profile, please fax your signature to:

ROC Pharma
Fax: 888-887-1120
Tel: 888-598-8898
13140 Colt Rd. Ste 212
Dallas, TX 75240

RX: Metabolic Wellness Supplement

Sig: 1 CAP PO BID WITH FOOD

QTY: 60 capsules

Signature: [REDACTED]

Date: 12/01/14

Thank you for your time and consideration.

Regards,

Leslie Giang, PharmD, RPh
Pharmacy Manager

From 5123675924 1.512.367.5924 Thu Feb 5 08:41:04 2015 MST Page 2 of 4

03-2-2015 6:43 PM

Fax Services

→ 15124677247

D7

**Blanket Authorization Request for Metabolic Wellness
Supplements**

Dear Dr. [REDACTED],

Attention:

We wanted to thank you for allowing ROC Pharma to take care of your patients with customized compounded medications. We now have a Metabolic Wellness Supplement (Methylcobalamin 7.5mg, Alpha Lipoic Acid 250mg, Resveratrol 200mg) available for your patients.

These supplements are available as an adjunct for your patients in order to increase the efficacy of their medication, help with the healing process, and improve their general health. Your authorization is allowing the addition of Metabolic Wellness Supplements to the patient's profile. With both products, the patient will be provided a regimen that provides best quality of patient care. Your approval will help expedite the processing of their prescription.

Attached to this document is a study that supports the use for these supplements. In summary: methylcobalamin increases red blood cell production and production of ATP at the cellular level, Alpha Lipoic Acid is approved for the treatment of diabetic neuropathy in other countries by means of slowing, reducing, and possibly reversing cell damage, and resveratrol is an antioxidant extracted from grapes which functions to decrease inflammation. Together, they increase blood flow and decrease healing time.

If you approve of the addition of Metabolic Wellness Supplements to your patient's profile, please fax your signature to:

ROC Pharma
Fax: 888-887-1120
Tel: 888-598-8898
13140 Coit Rd. Ste 212
Dallas, TX 75240

RX: Metabolic Wellness Supplement

Sig: 1 CAP PO BID WITH FOOD

QTY: 60 capsules

Signature: [REDACTED]

Date: 2/5/15

Thank you for your time and consideration.

Regards,

Leslie Giang, PharmD, RPh
Pharmacy Manager

02/04/2015 13:06
02/04/2015 9:50 PM

886-350-2664
Fax Services

PARKER ORTHOPEDICS
→ 18063502664

PAGE 06/11

D7

**Blanket Authorization Request for Metabolic Wellness
Supplements**

Dear Dr. [REDACTED],

Attention: [REDACTED]

We wanted to thank you for allowing ROC Pharma to take care of your patients with customized compounded medications. We now have a Metabolic Wellness Supplement (Methylcobalamin 7.5mg, Alpha Lipoic Acid 250mg, Resveratrol 200mg) available for your patients.

These supplements are available as an adjunct for your patients in order to increase the efficacy of their medication, help with the healing process, and improve their general health. Your authorization is allowing the addition of Metabolic Wellness Supplements to the patient's profile. With both products, the patient will be provided a regimen that provides best quality of patient care. Your approval will help expedite the processing of their prescription.

Attached to this document is a study that supports the use for these supplements. In summary: methylcobalamin increases red blood cell production and production of ATP at the cellular level, Alpha Lipoic Acid is approved for the treatment of diabetic neuropathy in other countries by means of slowing, reducing, and possibly reversing cell damage, and resveratrol is an antioxidant extracted from grapes which functions to decrease inflammation. Together, they increase blood flow and decrease healing time.

If you approve of the addition of Metabolic Wellness Supplements to your patient's profile, please fax your signature to:

ROC Pharma
Fax: 888-887-1120
Tel: 888-598-8898
13140 Colt Rd, Ste 212
Dallas, TX 75240

RX: Metabolic Wellness Supplement

Sig: 1 CAP PO BID WITH FOOD

QTY: 60 capsules

Signature: [REDACTED]

Date: _____

Thank you for your time and consideration.

Regards,

Leslie Giang, PharmD, RPh
Pharmacy Manager

11/04/2014 14:22 886-358-2664
10-29-'14 12:40 FROM-Roc Pharma

PARKER ORTHOPEDICS
4693647890

PAGE 01/01
T-310 P0001/0001 F-592

Blanket Authorization For Metabolic Wellness Supplements:

Dear Dr. [REDACTED],


We wanted to thank you for allowing ROC Pharma to take care of your patients with customized compounded medications. We now have a Metabolic Wellness Supplement (Methylcobalamin 7.5mg, Alpha Lipoic Acid 250 mg, Resveratrol 200mg) available for your patients. These supplements are available as an adjunct for your patients in order to increase the efficacy of their medication, help the healing process, and improve their general health. Your authorization is allowing the addition of the Metabolic Wellness Supplements with the patient's compounded medication. With both products, the patient will be provided the therapy regimen that provides the best quality patient care. Your approval will help expedite the processing of their prescription.

Metabolic Wellness Supplement for a month supply is #60, and the directions are take 1 capsule by mouth with food two times a day.

Once again, thank you for your time and consideration. If you have any questions please feel free to contact me directly at 214-888-8090.

Please fax back to 1-888-887-1120.

Sincerely,



Vlad Bekker
Pharmacy Manager

Prescriber name printed: [REDACTED]

Prescriber Signature: [REDACTED]

Authorization time period: [REDACTED]

11/20/2014 10:24 806-350-2664
11-19-'14 11:29 FROM-ROC Pharma

PARKER ORTHOPEDICS
4693647890

PAGE 02/02
T-696 P0001/0015 F-935

**Blanket Authorization Request for Metabolic Wellness
Supplements**

Dear Dr. [REDACTED],

Attention:

We wanted to thank you for allowing ROC Pharma to take care of your patients with customized compounded medications. We now have a Metabolic Wellness Supplement (Methylcobalamin 7.5mg, Alpha Lipoic Acid 250mg, Resveratrol 200mg) available for your patients.

These supplements are available as an adjunct for your patients in order to increase the efficacy of their medication, help with the healing process, and improve their general health. Your authorization is allowing the addition of Metabolic Wellness Supplements to the patient's profile. With both products, the patient will be provided a regimen that provides best quality of patient care. Your approval will help expedite the processing of their prescription.

Attached to this document is a study that supports the use for these supplements. In summary: methylcobalamin increases red blood cell production and production of ATP at the cellular level, Alpha Lipoic Acid is approved for the treatment of diabetic neuropathy in other countries by means of slowing, reducing, and possibly reversing cell damage, and resveratrol is an antioxidant extracted from grapes which functions to decrease inflammation. Together, they increase blood flow and decrease healing time.

If you approve of the addition of Metabolic Wellness Supplements to your patient's profile, please fax your signature to:

ROC Pharma
Fax: 888-887-1120
Tel: 888-598-8898
13140 Coit Rd. Ste 212
Dallas, TX 75240

RX: Metabolic Wellness Supplement
Sig: 1 CAP PO BID WITH FOOD
QTY: 60 capsules

Signature: [REDACTED]

Date: 11/19/14

Thank you for your time and consideration.

Regards,

Leslie Giang, PharmD, RPh
Pharmacy Manager

11/07/2014 13:19

(FAX)

P.001/001

To: Dr. Crumble Page 2 of 3

2014-11-05 21:01:25 (GMT)

16666265727 From: Jack Dear

LOT Pharma
5710 LEDFORD AV. Ste 140
Dallas, Texas 75240
Phone: 1-877-494-4578
Fax: 1-888-828-5727

Blanket Authorization For Metabolic Wellness Supplement

Dear Prescriber:

We wanted to thank you for allowing LOT Pharma to take care of your patients with customized compounded medications. We now have a Metabolic Wellness Supplement (Methylcobalamin 7.5mg, Alpha Lipoic Acid 250 mg, Inositol 200mg) available for your patients. These supplements are available as an adjunct for your patients in order to increase the efficacy of their medication, help the healing process and improve their general health. Your authorization is allowing the addition of the Metabolic Wellness Supplement with the patient's compounded medication. With both products, the patient will be provided the therapy regimen that provides the best quality patient care. Your approval will help expedite the processing of their prescription.

Metabolic Wellness Supplement for a month supply is #60, and the directions are take 1 capsule by mouth with food two times a day.

Once again, thank you for your time and consideration. If you have any questions please feel free to contact me directly at 1-877-494-4578.

Please fax back to 1-888-828-5727.

Sincerely,

Thanh Nguyen, PharmD, RPh
Pharmacy Manager

Prescriber name printed: [REDACTED]

Prescriber Signature: [REDACTED]

Authorization time period: 5/1/15

Blanket Authorization For Metabolic Wellness Supplements:

Dear [REDACTED],

We wanted to thank you for allowing ROC Pharma to take care of your patients with customized compounded medications. We now have a **Metabolic Wellness Supplement** (Methylcobalamin 7.5mg, Alpha Lipoic Acid 250 mg, Resveratrol 200mg) available for your patients. These supplements are available as an adjunct for your patients in order to increase the efficacy of their medication, help the healing process, and improve their general health. Your authorization is allowing the addition of the Metabolic Wellness Supplements with the patient's compounded medication. With both products, the patient will be provided the therapy regimen that provides the best quality patient care. Your approval will help expedite the processing of their prescription.

Metabolic Wellness Supplement for a month supply is #60, and the directions are take 1 capsule by mouth with food two times a day.

Once again, thank you for your time and consideration. If you have any questions please feel free to contact me directly at 214-888-8090.

Please fax back to 1-888-887-1120.

Sincerely,



Vlad Bekker

Pharmacy Manager

Prescriber name printed: [REDACTED]

Prescriber Signature: [REDACTED]

Authorization time period: 1 yr

11-27-14

11/21/2014 5:41 PM FAX 7139101289
11-21-14 15:49 FROM-Roc Pharma

MCKINNEY FOOT
4693647890

@0002/0003
T-808 P0001/0003 F-047

**Blanket Authorization Request for Metabolic Wellness
Supplements**

Dear Dr. [REDACTED]

Attention: [REDACTED]

We wanted to thank you for allowing ROC Pharma to take care of your patients with customized compounded medications. We now have a **Metabolic Wellness Supplement (Methylcobalamin 7.5mg, Alpha Lipoic Acid 250mg, Resveratrol 200mg)** available for your patients.

These supplements are available as an adjunct for your patients in order to increase the efficacy of their medication, help with the healing process, and improve their general health. Your authorization is allowing the addition of Metabolic Wellness Supplements to the patient's profile. With both products, the patient will be provided a regimen that provides best quality of patient care. Your approval will help expedite the processing of their prescription.

Attached to this document is a study that supports the use for these supplements. In summary: methylcobalamin increases red blood cell production and production of ATP at the cellular level, Alpha Lipoic Acid is approved for the treatment of diabetic neuropathy in other countries by means of slowing, reducing, and possibly reversing cell damage, and resveratrol is an antioxidant extracted from grapes which functions to decrease inflammation. Together, they increase blood flow and decrease healing time.

If you approve of the addition of Metabolic Wellness Supplements to your patient's profile, please fax your signature to:

ROC Pharma
Fax: 888-887-1120
Tel: 888-598-8898
13140 Colt Rd. Ste 212
Dallas, TX 75240

RX: Metabolic Wellness Supplement

Sig: 1 CAP PO BID WITH FOOD

QTY: 60 capsules

Signature: [REDACTED]

Date: 11/21/14

Thank you for [REDACTED] and consideration.

Regards,

Leslie Giang, PharmD, RPh
Pharmacy Manager

The Cash option is
B12 7.5mg
Folic Acid 1mg
B6 50mg
1 CAP PO BID WITH FOOD
#30

**Blanket Authorization Request for Metabolic Wellness
Supplements**

Dear Dr. [REDACTED],

Attention:

We wanted to thank you for allowing ROC Pharma to take care of your patients with customized compounded medications. We now have a **Metabolic Wellness Supplement (Methylcobalamin 7.5mg, Alpha Lipoic Acid 250mg, Resveratrol 200mg)** available for your patients.

These supplements are available as an adjunct for your patients in order to increase the efficacy of their medication, help with the healing process, and improve their general health. Your authorization is allowing the addition of Metabolic Wellness Supplements to the patient's profile. With both products, the patient will be provided a regimen that provides best quality of patient care. Your approval will help expedite the processing of their prescription.

Attached to this document is a study that supports the use for these supplements. In summary: methylcobalamin increases red blood cell production and production of ATP at the cellular level, Alpha Lipoic Acid is approved for the treatment of diabetic neuropathy in other countries by means of slowing, reducing, and possibly reversing cell damage, and resveratrol is an antioxidant extracted from grapes which functions to decrease inflammation. Together, they increase blood flow and decrease healing time.

If you approve of the addition of Metabolic Wellness Supplements to your patient's profile, please fax your signature to:

ROC Pharma
Fax: 888-887-1120
Tel: 855-598-8898
13140 Colt Rd. Ste 212
Dallas, TX 75240

RX: Metabolic Wellness Supplement

Sig: 1 CAP PO BID WITH FOOD

QTY: 60 capsules

Signature: [REDACTED]

Date: 1/23/15

Thank you for your time and consideration.

Regards,

Leslie Glang, PharmD, RPh
Pharmacy Manager

OCT/29/2014/WED 06:41 PM HEINRICH JOSEY ORTHO

FAX No. 512

P. 001/001

10-29-'14 12:49 FROM-Roc Pharma

4693647890

T-320 F0001/0001 F-605

Blanket Authorization For Metabolic Wellness Supplements:

Dear [REDACTED],

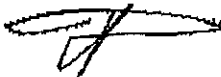
We wanted to thank you for allowing ROC Pharma to take care of your patients with customized compounded medications. We now have a **Metabolic Wellness Supplement** (Methylcobalamin 7.5mg, Alpha Lipoic Acid 250 mg, Resveratrol 200mg) available for your patients. These supplements are available as an adjunct for your patients in order to increase the efficacy of their medication, help the healing process, and improve their general health. Your authorization is allowing the addition of the Metabolic Wellness Supplements with the patient's compounded medication. With both products, the patient will be provided the therapy regimen that provides the best quality patient care. Your approval will help expedite the processing of their prescription.

Metabolic Wellness Supplement for a month supply is #60, and the directions are take 1 capsule by mouth with food two times a day.

Once again, thank you for your time and consideration. If you have any questions please feel free to contact me directly at 214-888-8090.

Please fax back to 1-888-887-1120.

Sincerely,



Vlad Bekker

Pharmacy Manager

Prescriber name printed: [REDACTED]

Prescriber Signature: [REDACTED]

Authorization time period: 12 months

10/30/2014 16:08 UT Physicians Ironman/ Back Offc

(FAX)713 467 6775

P.001/001

10-29-'14 12:28 FROM-Roc Pharma

4693647890

T-297 P0001/0001 F-580

Blanket Authorization For Metabolic Wellness Supplements:

Dear [REDACTED],

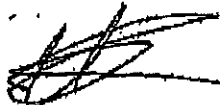
We wanted to thank you for allowing ROC Pharma to take care of your patients with customized compounded medications. We now have a Metabolic Wellness Supplement (Methylcobalamin 7.5mg, Alpha Lipoic Acid 250 mg, Resveratrol 200mg) available for your patients. These supplements are available as an adjunct for your patients in order to increase the efficacy of their medication, help the healing process, and improve their general health. Your authorization is allowing the addition of the Metabolic Wellness Supplements with the patient's compounded medication. With both products, the patient will be provided the therapy regimen that provides the best quality patient care. Your approval will help expedite the processing of their prescription.

Metabolic Wellness Supplement for a month supply is #60, and the directions are take 1 capsule by mouth with food two times a day.

Once again, thank you for your time and consideration. If you have any questions please feel free to contact me directly at 214-888-8090.

Please fax back to 1-888-887-1120.

Sincerely,



Vlad Bekker

Pharmacy Manager

Prescriber name printed: [REDACTED]

Prescriber Signature: [REDACTED]

Authorization time period: [REDACTED]

11/03/2014 07:10

10-29-'14 12:27 FROM-Roc Pharma

4693647890

(FAX)

P.001/001

T-296 P0001/0001 F-579

Blanket Authorization For Metabolic Wellness Supplements:

Dear [REDACTED]

We wanted to thank you for allowing ROC Pharma to take care of your patients with customized compounded medications. We now have a Metabolic Wellness Supplement (Methylcobalamin 7.5mg, Alpha Lipoic Acid 250 mg, Resveratrol 200mg) available for your patients. These supplements are available as an adjunct for your patients in order to increase the efficacy of their medication, help the healing process, and improve their general health. Your authorization is allowing the addition of the Metabolic Wellness Supplements with the patient's compounded medication. With both products, the patient will be provided the therapy regimen that provides the best quality patient care. Your approval will help expedite the processing of their prescription.

Metabolic Wellness Supplement for a month supply is #60, and the directions are take 1 capsule by mouth with food two times a day.

Once again, thank you for your time and consideration. If you have any questions please feel free to contact me directly at 214-888-8090.

Please fax back to 1-888-887-1120.

Sincerely,



Viad Bekker

Pharmacy Manager

Prescriber name printed: [REDACTED]

Prescriber Signature: [REDACTED]

Authorization time period: 11/3/14 - 11/3/15.

OCT/31/2014/FRI 06:23 PM HEINRICH JOSEY ORTHO
10-29-'14 12:37 FROM-Roc Pharma

FAX No. 512
4693647890

P. 001/001
T-387 P0001/0001 F-610

Blanket Authorization For Metabolic Wellness Supplements:

Dear Dr. [REDACTED]

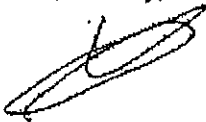
We wanted to thank you for allowing ROC Pharma to take care of your patients with customized compounded medications. We now have a **Metabolic Wellness Supplement** (Methylcobalamin 7.5mg, Alpha Lipoic Acid 250 mg, Resveratrol 200mg) available for your patients. These supplements are available as an adjunct for your patients in order to increase the efficacy of their medication, help the healing process, and improve their general health. Your authorization is allowing the addition of the Metabolic Wellness Supplements with the patient's compounded medication. With both products, the patient will be provided the therapy regimen that provides the best quality patient care. Your approval will help expedite the processing of their prescription.

Metabolic Wellness Supplement for a month supply is #60, and the directions are take 1 capsule by mouth with food two times a day.

Once again, thank you for your time and consideration. If you have any questions please feel free to contact me directly at 214-888-8090.

Please fax back to 1-888-887-1120.

Sincerely,



Vlad Bekker

Pharmacy Manager

Prescriber name printed: [REDACTED]

Prescriber Signature: [REDACTED]

Authorization time period: 10/30/2014

11/03/2014 12:16

10-29-14 12:52 FROM-Roc Pharma

4693647890

(FAX)

P.001/001

T-323 P0002/0002 F-608

Blanket Authorization For Metabolic Wellness Supplements:

Dear [REDACTED]

We wanted to thank you for allowing ROC Pharma to take care of your patients with customized compounded medications. We now have a Metabolic Wellness Supplement (Methylcobalamin 7.5mg, Alpha Lipole Acid 250 mg, Resveratrol 200mg) available for your patients. These supplements are available as an adjunct for your patients in order to increase the efficacy of their medication, help the healing process, and improve their general health. Your authorization is allowing the addition of the Metabolic Wellness Supplements with the patient's compounded medication. With both products, the patient will be provided the therapy regimen that provides the best quality patient care. Your approval will help expedite the processing of their prescription.

Metabolic Wellness Supplement for a month supply is #60, and the directions are take 1 capsule by mouth with food two times a day.

Once again, thank you for your time and consideration. If you have any questions please feel free to contact me directly at 214-888-8090.

Please fax back to 1-888-887-1120.

Sincerely,



Vlad Bekker

Pharmacy Manager

Prescriber name printed: [REDACTED]

Prescriber Signature: [REDACTED]

Authorization time period: [REDACTED]

Blanket Authorization For Compounded Option Alternative:

Dear Prescriber,

We wanted to thank you for allowing our pharmacy to take care of your patients with customized topical creams. We now have **Pain Patches** (Menthol 5%, Capsaicin 0.0375%) and **Scar Patches** (Allantoin 2%, Lidocaine 5%, Petrolatum 30%) for those patients whose insurance does not cover compounds. These patches are available for those that do not wish for the cash alternative for the cream. Your authorization is also allowing the addition of Pain Patches with the compounded pain cream and the addition of Scar Patches with the compounded scar gel. With both products, the patient will be given continuous pain control and/or scar treatment as well as the flexibility to use one or the other based on their needs. Your approval will help expedite the processing of their prescription.

Pain and Scar patches for a one month supply is #60; and the directions are apply 1 patch once to twice daily.

Once again, thank you for your time and consideration. If you have any questions please feel free to contact me directly.

Sincerely,

Pharmacy Manager

Prescriber name printed: _____

Prescriber Signature: _____

Authorization time period: January 1, 2015 – December 31, 2015

Blanket Authorization For Compounded Option Alternative:

Dear Prescriber,

We wanted to thank you for allowing The Apothecary Shop to take care of your patients with customized topical creams. We now have Pain Patches (Menthol 5%, Capsaicin 0.0375%) and Scar Patches (Allantoin 2%, Lidocaine 4%, Petrolatum 30%) for those patients whose insurance does not cover compounds. These patches are available for those that do not wish for the cash alternative for the cream. Your authorization is also allowing the addition of Pain Patches with the compounded pain cream and the addition of Scar Patches with the compounded scar gel. With both products, the patient will be given continuous pain control and/or scar treatment as well as the flexibility to use one or the other based on their needs. Your approval will help expedite the processing of their prescription.

Pain and Scar patches for a one month supply is #60, and the directions are apply 1 patch once to twice daily.

Once again, thank you for your time and consideration. If you have any questions please feel free to contact me directly at (214) 357-8889.

Please fax back to (844) 239-1553.

Sincerely,

Vlad Bekker, PharmD
Pharmacy Manager

Prescriber name printed: _____

Prescriber Signature: _____

Authorization time period: January 1, 2015 - December 31, 2105

Blanket Authorization For Compounded Option Alternative:

Dear Prescriber,

We wanted to thank you for allowing our pharmacy to take care of your patients with customized topical creams. We now have **Pain Patches** (Menthol 5%, Capsaicin 0.0375%) and **Scar Patches** (Allantoin 2%, Lidocaine 5%, Petrolatum 30%) for those patients whose insurance does not cover compounds. These patches are available for those that do not wish for the cash alternative for the cream. Your authorization is also allowing the addition of Pain Patches with the compounded pain cream and the addition of Scar Patches with the compounded scar gel. With both products, the patient will be given continuous pain control and/or scar treatment as well as the flexibility to use one or the other based on their needs. Your approval will help expedite the processing of their prescription.

Pain and Scar patches for a one month supply is #60, and the directions are apply 1 patch once to twice daily.

Once again, thank you for your time and consideration. If you have any questions please feel free to contact me directly.

Sincerely,

Pharmacy Manager

Prescriber name printed: _____

Prescriber Signature: _____

Authorization time period: January 1, 2015 - December 31, 2015

04/13/2015 12:24 UT Physicians Ironman/ Back Offc

(FAX) 713 467 6775

P.005/005

09-4-2015 12:56 PM

Fax Services

→ 17134676775

D 7

Blanket Authorization For Compounded Option Alternative:

Dear Prescriber,

We wanted to thank you for allowing our pharmacy to take care of your patients with customized topical creams. We now have Pain Patches (Menthol 5%, Capsaicin 0.0375%) and Scar Patches (Allantoin 2%, Lidocaine 5%, Petrolatum 30%) for those patients whose insurance does not cover compounds. These patches are available for those that do not wish for the cash alternative for the cream. Your authorization is also allowing the addition of Pain Patches with the compounded pain cream and the addition of Scar Patches with the compounded scar gel. With both products, the patient will be given continuous pain control and/or scar treatment as well as the flexibility to use one or the other based on their needs. Your approval will help expedite the processing of their prescription.

Pain and Scar patches for a one month supply is #60, and the directions are apply 1 patch once to twice daily.

Once again, thank you for your time and consideration. If you have any questions please feel free to contact me directly.

Sincerely,

Pharmacy Manager

Prescriber name printed: _____

Prescriber Signature: _____

Authorization time period: January 1, 2015 – December 31, 2015

Blanket Authorization For Compounded Option Alternative:

Dear Prescriber,

We wanted to thank you for allowing our pharmacy to take care of your patients with customized topical creams. We now have **Pain Patches** (Menthol 5%, Capsaicin 0.0375%) and **Scar Patches** (Allantoin 2%, Lidocaine 5%, Petrolatum 30%) for those patients whose insurance does not cover compounds. These patches are available for those that do not wish for the cash alternative for the cream. Your authorization is also allowing the addition of Pain Patches with the compounded pain cream and the addition of Scar Patches with the compounded scar gel. With both products, the patient will be given continuous pain control and/or scar treatment as well as the flexibility to use one or the other based on their needs. Your approval will help expedite the processing of their prescription.

Pain and Scar patches for a one month supply is #60, and the directions are apply 1 patch once to twice daily.

Once again, thank you for your time and consideration. If you have any questions please feel free to contact me directly.

Sincerely,

Pharmacy Manager

Prescriber name printed: _____

Prescriber Signature: _____

Authorization time period: _____ January 1, 2015 – December 31, 2105 _____

Feb/20/2015 12:58:29 PM
© 17-2-2015 5:10 PM Fax Services

HOSP 713-314-2980
→ 17133142990

3/5

B 3

Blanket Authorization For Compounded Option Alternative:

Dear Prescriber,

We wanted to thank you for allowing ROC Pharma to take care of your patients with customized topical creams. We now have Pain Patches (Menthol 5%, Capsaicin 0.0375%) and Scar Patches (Allantoin 2%, Lidocaine 4%, Petrolatum 30%) for those patients whose insurance does not cover compounds. These patches are available for those that do not wish for the cash alternative for the cream. Your authorization is also allowing the addition of Pain Patches with the compounded pain cream and the addition of Scar Patches with the compounded scar gel. With both products, the patient will be given continuous pain control and/or scar treatment as well as the flexibility to use one or the other based on their needs. Your approval will help expedite the processing of their prescription.

Pain and Scar patches for a one month supply is #60, and the directions are apply 1 patch once to twice daily.

Once again, thank you for your time and consideration. If you have any questions please feel free to contact me directly at (888) 598-8898.

Please fax back to (888) 887-1120.

Sincerely,

Leslie Giang, PharmD
Pharmacy Manager

Prescriber name printed: _____

Prescriber Signature: _____

Authorization time period: January 1, 2015 -- December 31, 2105

02/19/2015 01:24PM 8063530165

SICHERFOOTCENTER

PAGE 05/05

Blanket Authorization For Compounded Option Alternative:

Dear Prescriber,

We wanted to thank you for allowing ROC Pharmato take care of your patients with customized topical creams. We now have Pain Patches (Menthol 5%, Capsaicin 0.0375%) and Scar Patches (Allantoin 2%, Lidocaine 4%, Petrolatum 30%) for those patients whose insurance does not cover compounds. These patches are available for those that do not wish for the cash alternative for the cream. Your authorization is also allowing the addition of Pain Patches with the compounded pain cream and the addition of Scar Patches with the compounded scar gel. With both products, the patient will be given continuous pain control and/or scar treatment as well as the flexibility to use one or the other based on their needs. Your approval will help expedite the processing of their prescription.

Pain and Scar patches for a one month supply is #60, and the directions are apply 1 patch once to twice daily.

Once again, thank you for your time and consideration. If you have any questions please feel free to contact me directly at (855) 598-8898.

Please fax back to (888) 887-1120.

Sincerely,

Leslie Giang, PharmD
Pharmacy Manager

Prescriber name printed: _____

Prescriber Signature: _____

Authorization time period: _____ January 1, 2015 – December 31, 2105 _____

Blanket Authorization For Compounded Option Alternative:

Dear Prescriber,

We wanted to thank you for allowing ROC Pharma to take care of your patients with customized topical creams. We now have Pain Patches (Menthol 5%, Capsaicin 0.0375%) and Scar Patches (Allantoin 2%, Lidocaine 4%, Petrolatum 30%) for those patients whose insurance does not cover compounds. These patches are available for those that do not wish for the cash alternative for the cream. Your authorization is also allowing the addition of Pain Patches with the compounded pain cream and the addition of Scar Patches with the compounded scar gel. With both products, the patient will be given continuous pain control and/or scar treatment as well as the flexibility to use one or the other based on their needs. Your approval will help expedite the processing of their prescription.

Pain and Scar patches for a one month supply is #60, and the directions are apply 1 patch once to twice daily.

Once again, thank you for your time and consideration. If you have any questions please feel free to contact me directly at (855) 598-8898.

Please fax back to (388) 887-1120.

Sincerely,

Leslie Giang, PharmD
Pharmacy Manager

Prescriber name printed:

Prescriber Signature:

Authorization time period: January 1, 2015 - December 31, 2105

03-2-2015 7:28 PM

Fax Services

15124762832

09

Blanket Authorization for Compounded Option Alternative
Aleveer / Renovo / QROxin Pain Patches

Dear Dr. [REDACTED]:

We wanted to thank you for allowing us to take care of your patients. We have Aleveer[®], Renovo[®], QROxin[®] Pain Patches (Menthol 5% and Capsaicin 0.0375%) for patients who are currently on localized pain control therapy.

If the original compounded prescription is for musculoskeletal pain/inflammation, either patches may apply based on the patient's preference, medical history, and symptoms (e.g. neuropathy). If approved, either patches will be applied to the patient profile for dispensing, directions, refills, and quantity. Prescribed will remain the same as per the original prescription unless otherwise indicated.

These patches will serve as an adjunct to provide continuous pain relief or if insurance does not cover the original compound, may be used independently.

If you approve of the addition of Aleveer, Renovo, or QROxin Pain Patches (Menthol 5% and Capsaicin 0.0375%) to your patient's profile, please fax your signature to:

ROC Pharma
Fax: 888-887-1120
Tel: 888-598-8898
13140 Colt Rd Ste 212
Dallas, TX 75240

RX: Pain Patch
Sig: Apply 1 patch to affected area 1-2 times per day PRN. If applicable, alternate with cream.
Qty: 60 patches
Signature: [REDACTED] **Date:** 2/11/15

Thank you for your time and consideration.

Regards,

Leslie Glang, PharmD, RPH
Pharmacy Manager

02/12/2015 08:54

(FAX)

P.002/004...

Blanket Authorization For Compounded Option Alternative:

Dear Prescriber,

We wanted to thank you for allowing ROC Pharma to take care of your patients with customized topical creams. We now have Pain Patches (Menthol 5%, Capsaicin 0.0375%) and Scar Patches (Allantoin 2%, Lidocaine 4%, Petrolatum 30%) for those patients whose insurance does not cover compounds. These patches are available for those that do not wish for the cash alternative for the cream. Your authorization is also allowing the addition of Pain Patches with the compounded pain cream and the addition of Scar Patches with the compounded scar gel. With both products, the patient will be given continuous pain control and/or scar treatment as well as the flexibility to use one or the other based on their needs. Your approval will help expedite the processing of their prescription.

Pain and Scar patches for a one month supply is #60, and the directions are apply 1 patch once to twice daily.

Once again, thank you for your time and consideration. If you have any questions please feel free to contact me directly at (855) 598-8898.

Please fax back to (888) 887-1120.

Sincerely,

Leslie Giang, PharmD
Pharmacy Manager

Prescriber name printed: _____

Prescriber Signature: _____

Authorization time period: _____ January 1, 2015 – December 31, 2105 _____

Blanket Authorization For Compounded Option Alternative:

Dear Prescriber,

We wanted to thank you for allowing ROC Pharma to take care of your patients with customized topical creams. We now have Pain Patches (Menthol 3%, Capsaicin 0.0375%) and Scar Patches (Allantoin 2%, Lidocaine 4%, Petrolatum 30%) for those patients whose insurance does not cover compounds. These patches are available for those that do not wish for the cash alternative for the cream. Your authorization is also allowing the addition of Pain Patches with the compounded pain cream and the addition of Scar Patches with the compounded scar gel. With both products, the patient will be given continuous pain control and/or scar treatment as well as the flexibility to use one or the other based on their needs. Your approval will help expedite the processing of their prescription.

Pain and Scar patches for a one month supply is #60, and the directions are apply 1 patch once to twice daily.

Once again, thank you for your time and consideration. If you have any questions please feel free to contact me directly at (855) 598-8898.

Please fax back to (888) 887-1120.

Sincerely,

Leslie Giang, PharmD
Pharmacy Manager

Prescriber name printed: _____

Prescriber Signature: _____

Authorization time period: January 1, 2015 - December 31, 2105

03-2-2015 9:06 PM

Fax Services

17137950774

09

Blanket Authorization for Compounded Option Alternative
Aleveer / Renovo / QRoXin Pain Patches

Dear Dr. [REDACTED]

We wanted to thank you for allowing us to take care of your patients. We have Aleveer[®], Renovo[®], QRoXin[®] Pain Patches (Menthol 5% and Capsaicin 0.0375%) for patients who are currently on localized pain control therapy.

If the original compounded prescription is for musculoskeletal pain/inflammation, either patches may apply based on the patient's preference, medical history, and symptoms (e.g. neuropathy). If approved, either patches will be applied to the patient profile for dispensing; directions, refills, and quantity prescribed will remain the same as per the original prescription unless otherwise indicated.

These patches will serve as an adjunct to provide continuous pain relief or if insurance does not cover the original compound, may be used independently.

If you approve of the addition of Aleveer, Renovo, or QRoXin Pain Patches (Menthol 5% and Capsaicin 0.0375%) to your patient's profile, please fax your signature to:

RCC Pharma

Fax: 888-887-1120

Tel: 888-598-8898

18140 Coit Rd Ste 212

Dallas, TX 75240

RX: Pain Patch

Sig: Apply 1 patch to affected area 1-2 times per day PRN. If applicable, alternate with cream.

Qty: 60 patches

Signature: [REDACTED]

Date: 2/5/15

Thank you for your time and consideration.

Regards,

Leslie Glang, PharmD, RPH
Pharmacy Manager

Feb. 5. 2015 11:25AM

203-13-034

No. 7677 revP. 1/24 0-340

Blanket Authorization for Compounded Option Alternative
Aleveer / Renovo Pain Patches

Dear Dr. [REDACTED]

We wanted to thank you for allowing us to take care of your patients. We have Aleveer[®] and Renovo[®] Pain Patches (Menthol 5% and Capsaicin 0.0375%) for patients who are currently on localized pain control therapy.

If the original compounded prescription is for musculoskeletal pain/inflammation, either patches may apply based on the patient's preference, medical history, and symptoms (e.g. neuropathy). If approved, either patches will be applied to the patient profile for dispensing; directions, refills, and quantity prescribed will remain the same as per the original prescription unless otherwise indicated.

These patches will serve as an adjunct to provide continuous pain relief or if insurance does not cover the original compound, may be used independently.

If you approve of the addition of Aleveer or Renovo Pain Patches (Menthol 5% and Capsaicin 0.0375%) to your patient's profile, please fax your signature to:

ROC Pharma
Fax: 888-887-1120
Tel: 888-598-8898
13140 Coit Rd Ste 212
Dallas, TX 75240

ONLY TO BE USED IF ORIGINAL
PRESCRIPTION DENIED.

RX: Aleveer / Renovo Pain Patch
Sig: Apply 1 patch to affected area 1-2 times per day PRN. If applicable, alternate with cream.
Qty: 60 patches

Signature: [REDACTED]

Date: 2/1/17

Thank you for your time and consideration.

Regards,

Leslie Giang, PharmD, RPH
Pharmacy Manager

from 5123675924 1.512.367.5924 Thu Feb 5 08:41:04 2015 MST Page 3 of 4

03-2-2015 6:43 PM

Fax Services

→ 15124677247

139

Blanket Authorization for Compounded Option Alternative
Aleveer / Renovo / QROxin Pain Patches

Dear Dr. [REDACTED]:

We wanted to thank you for allowing us to take care of your patients. We have Aleveer[®], Renovo[®], QROxin[®] Pain Patches (Menthol 5% and Capsaicin 0.0375%) for patients who are currently on localized pain control therapy.

If the original compounded prescription is for musculoskeletal pain/inflammation, either patches may apply based on the patient's preference, medical history, and symptoms (e.g. neuropathy). If approved, either patches will be applied to the patient profile for dispensing; directions, refills, and quantity prescribed will remain the same as per the original prescription unless otherwise indicated.

These patches will serve as an adjunct to provide continuous pain relief or if insurance does not cover the original compound, may be used independently.

If you approve of the addition of Aleveer, Renovo, or QROxin Pain Patches (Menthol 5% and Capsaicin 0.0375%) to your patient's profile, please fax your signature to:

ROC Pharma

Fax: 888-887-1120

Tel: 888-598-8898

13140 Colt Rd Ste 212

Dallas, TX 75240

RX: Pain Patch

Sig: Apply 1 patch to affected area 1-2 times per day PRN. If applicable, alternate with cream.

Qty: 60 patches

Signature: [REDACTED]

Date: 2/5/15

Thank you for your time and consideration.

Regards,

Leslie Giang, PharmD, RPH
Pharmacy Manager

02/04/2015 13:06

888-358-2664
Fax Services

PARKER ORTHOPEDICS
→ 18063502664

PAGE 08/11

D 9

Blanket Authorization for Compounded Option Alternative
Aleveer / Renovo / QROxin Pain Patches

Dear Dr. _____:

We wanted to thank you for allowing us to take care of your patients. We have Aleveer[®], Renovo[®], QROxin[®] Pain Patches (Menthol 5% and Capsaicin 0.0375%) for patients who are currently on localized pain control therapy.

If the original compounded prescription is for musculoskeletal pain/inflammation, either patches may apply based on the patient's preference, medical history, and symptoms (e.g. neuropathy). If approved, either patches will be applied to the patient profile for dispensing; directions, refills, and quantity prescribed will remain the same as per the original prescription unless otherwise indicated.

These patches will serve as an adjunct to provide continuous pain relief or if insurance does not cover the original compound, may be used independently.

If you approve of the addition of Aleveer, Renovo, or QROxin Pain Patches (Menthol 5% and Capsaicin 0.0375%) to your patient's profile, please fax your signature to:

ROC Pharma
Fax: 888-887-1120
Tel: 888-598-8898
13140 Coit Rd Ste 212
Dallas, TX 75240

RX: Pain Patch

Sig: Apply 1 patch to affected area 1-2 times per day PRN. If applicable, alternate with cream.

Qty: 60 patches

Signature: _____

Date: _____

Thank you for your time and consideration.

Regards,

Leslie Glang, PharmD, RPH
Pharmacy Manager

12-08-'14 14:29 FROM-Roc Pharma

4693647890

T-005 P0001/0003 F-225

Blanket Authorization for Compounded Option Alternative
Alveeer / Renovo / QRoxin Pain Patches

Dear Dr. [REDACTED]:

We wanted to thank you for allowing us to take care of your patients. We have Alveeer[®], Renovo[®], QRoxin[®] Pain Patches (Menthol 5% and Capsaicin 0.0375%) for patients who are currently on localized pain control therapy.

If the original compounded prescription is for musculoskeletal pain/ inflammation, either patches may apply based on the patient's preference, medical history, and symptoms (e.g neuropathy). If approved, either patches will be applied to the patient profile for dispensing; directions, refills, and quantity prescribed will remain the same as per the original prescription unless otherwise indicated.

These patches will serve as an adjunct to provide continuous pain relief or if insurance does not cover the original compound, may be used independently:

If you approve of the addition of Alveeer, Renovo, or QRoxin Pain Patches (Menthol 5% and Capsaicin 0.0375%) to your patient's profile, please fax your signature to:

ROC Pharma
Fax: 888-887-1120
Tel: 888-598-8898
13140 Colt Rd Ste 212
Dallas, TX 75240

RX: Pain Patch

Sig: Apply 1 patch to affected area 1-2 times per day PRN. If applicable, alternate with cream.

Qty: 60 patches

Signature: [REDACTED]

Date: 12/19/14

Thank you for your time and consideration.

Regards,

Leslie Giang, PharmD, RPH
Pharmacy Manager

Blanket Authorization for Compounded Option Alternative
Aleveer / Renovo / QRoxin Pain Patches

Dear Dr. [REDACTED]:

We wanted to thank you for allowing us to take care of your patients. We have Aleveer[®], Renovo[®], QRoxin[®] Pain Patches (Menthol 5% and Capsaicin 0.0375%) for patients who are currently on localized pain control therapy.

If the original compounded prescription is for musculoskeletal pain/ inflammation, either patches may apply based on the patient's preference, medical history, and symptoms (e.g neuropathy). If approved, either patches will be applied to the patient profile for dispensing; directions, refills, and quantity prescribed will remain the same as per the original prescription unless otherwise indicated.

These patches will serve as an adjunct to provide continuous pain relief or if insurance does not cover the original compound, may be used independently.

If you approve of the addition of Aleveer, Renovo, or QRoxin Pain Patches (Menthol 5% and Capsaicin 0.0375%) to your patient's profile, please fax your signature to:

RQC Pharma

Fax: 888-887-1120

Tel: 855-598-8898

13140 Colt Rd Ste 212

Dallas, TX 75240

RX: Pain Patch

Sig: Apply 1 patch to affected area 1-2 times per day PRN. If applicable, alternate with cream.

Qty: 60 patches

Signature: [REDACTED]

Date: 1/13/15

Thank you for your time and consideration.

Regards,

Leslie Glang, PharmD, RPH
Pharmacy Manager

11-19-'14 12:32 FROM-Roc Pharma

4693647890

T-721 F0001/0001 X-972

Blanket Authorization for Compounded Option Alternative
Aleveer / Renovo Pain Patches

Dear Dr. [REDACTED]

We wanted to thank you for allowing us to take care of your patients. We have Aleveer[®] and Renovo[®] Pain Patches (Menthol 5% and Capsaicin 0.0375%) for patients who are currently on localized pain control therapy.

If the original compounded prescription is for musculoskeletal pain/inflammation, either patches may apply based on the patient's preference, medical history, and symptoms (e.g. neuropathy). If approved, either patches will be applied to the patient profile for dispensing; directions, refills, and quantity prescribed will remain the same as per the original prescription unless otherwise indicated.

These patches will serve as an adjunct to provide continuous pain relief or if insurance does not cover the original compound, may be used independently.

If you approve of the addition of Aleveer or Renovo Pain Patches (Menthol 5% and Capsaicin 0.0375%) to your patient's profile, please fax your signature to:

ROC Pharma

Fax: 888-887-1120

Tel: 888-598-8898

13140 Colt Rd Ste 212

Dallas, TX 75240

RX: Aleveer / Renovo Pain Patch

Sig: Apply 1 patch to affected area 1-2 times per day PRN. If applicable, alternate with ibuprofen.

Qty: 60 patches

Signature: [REDACTED]

Date: 12/19/14

Thank you for your time and consideration.

Regards,

Leslie Glang, PharmD, RPH
Pharmacy Manager

2014-NOV-20 05:25 PM 0504 5127410144

11/20/2014 12:43

11-19-'14 12:16 FROM-Roc Pharma

4893647890

(FAX)

P.001/001

T-707 P0001/0001 F-947

Blanket Authorization for Compounded Option Alternative
Aleveer / Renovo Pain Patches

Dear Dr. [REDACTED]

We wanted to thank you for allowing us to take care of your patients. We have Aleveer® and Renovo® Pain Patches (Menthol 5% and Capsaicin 0.0375%) for patients who are currently on localized pain control therapy.

If the original compounded prescription is for musculoskeletal pain/inflammation, either patches may apply based on the patient's preference, medical history, and symptoms (e.g. neuropathy). If approved, either patches will be applied to the patient profile for dispensing; directions, refills, and quantity prescribed will remain the same as per the original prescription unless otherwise indicated.

These patches will serve as an adjunct to provide continuous pain relief or if insurance does not cover the original compound, may be used independently.

If you approve of the addition of Aleveer or Renovo Pain Patches (Menthol 5% and Capsaicin 0.0375%) to your patient's profile, please fax your signature to:

ROC Pharma

Fax: 888-887-1120

Tel: 888-598-8898

13140 Coit Rd Ste 212

Dallas, TX 75240

RX: Aleveer / Renovo Pain Patch

Sig: Apply 1 patch to affected area 1-2 times per day PRN. If applicable, alternate with cream.

Qty: 60 patches

Signature: [REDACTED]

Date: 11/20/14

Thank you for your time and consideration.

Regards,

Leslie Giang, PharmD, RPH
Pharmacy Manager

2014-Nov-18 11:23 PM QSOA 5127440122

1/1

11-18-'14 14:58 FROM-Roc Pharma

4693647890

T-673 P0001/0001 F-918

Blanket Authorization for Compounded Option Alternative
Aleveer / Renovo Pain Patches

Dear Dr. [REDACTED]

We wanted to thank you for allowing us to take care of your patients. We have Aleveer® and Renovo® Pain Patches (Menthol 5% and Capsaicin 0.0375%) for patients who are currently on localized pain control therapy.

If the original compounded prescription is for musculoskeletal pain/ inflammation, either patches may apply based on the patient's preference, medical history, and symptoms (e.g. neuropathy). If approved, either patches will be applied to the patient profile for dispensing; directions, refills, and quantity prescribed will remain the same as per the original prescription unless otherwise indicated.

These patches will serve as an adjunct to provide continuous pain relief or if insurance does not cover the original compound, may be used independently.

If you approve of the addition of Aleveer or Renovo Pain Patches (Menthol 5% and Capsaicin 0.0375%) to your patient's profile, please fax your signature to:

ROC Pharma
Fax: 888-887-1120
Tel: 888-898-8898
13140 Colt Rd Ste 212
Dallas, TX 75240

RX: Aleveer / Renovo Pain Patch
Sig: Apply 1 patch to affected area 1-2 times per day PRN. If applicable, alternate with cream.
Qty: 60 patches
Signature: [REDACTED] Date: 11/18/14

Thank you for your time and consideration.

Regards,

Leslie Glang, PharmD, RPH
Pharmacy Manager

From: Dr. Lunaford & Dr. Milbourne

281 463 1035

11/20/2014 17:22

#921 P.001/001

11-19-'14 12:21 FROM: Roc Pharma

4693647890

T-712 P0001/0001 F-958

Blanket Authorization for Compounded Otion Alternative
Aleveer / Renovo Pain Patches

Dear Dr. [REDACTED]

We wanted to thank you for allowing us to take care of your patients. We have Aleveer[®] and Renovo[®] Pain Patches (Menthol 5% and Capsaicin 0.0375%) for patients who are currently on localized pain control therapy.

If the original compounded prescription is for musculoskeletal pain/ inflammation, either patches may apply based on the patient's preference, medical history, and symptoms (e.g neuropathy). If approved, either patches will be applied to the patient profile for dispensing; directions, refills, and quantity prescribed will remain the same as per the original prescription unless otherwise indicated.

These patches will serve as an adjunct to provide continuous pain relief or if insurance does not cover the original compound, may be used independently.

If you approve of the addition of Aleveer or Renovo Pain Patches (Menthol 5% and Capsaicin 0.0375%) to your patient's profile, please fax your signature to:

ROC Pharma

Fax: 888-887-1120

Tel: 888-598-8898

13140 Coit Rd Ste 212

Dallas, TX 75240

RX: Aleveer / Renovo Pain Patch

Sig: Apply 1 patch to affected area 1-2 times per day PRN. If applicable, alternate with cream.

Qty: 60 patches

Signature: [REDACTED]

Date: 11-20-14

Thank you for your time and consideration.

Regards,

Leslie Giang, PharmD, RPH
Pharmacy Manager

2817240351

11-25-14 10:22 FAXED FROM PHARMACY

4070041800

08:26:28

11-25-2014

2/3

1-800-700-0000 F-0000

Blanket Authorization for Compounded Option Alternative
Aleveer / Renovo Pain Patches

Dear Dr. [REDACTED]:

We wanted to thank you for allowing us to take care of your patients. We have Aleveer[®] and Renovo[®] Pain Patches (Menthol 5% and Capsaicin 0.0375%) for patients who are currently on localized pain control therapy.

If the original compounded prescription is for musculoskeletal pain/inflammation, either patches may apply based on the patient's preference, medical history, and symptoms (e.g. neuropathy). If approved, either patches will be applied to the patient profile for dispensing; directions, refills, and quantity prescribed will remain the same as per the original prescription unless otherwise indicated.

These patches will serve as an adjunct to provide continuous pain relief or if insurance does not cover the original compound, may be used independently.

If you approve of the addition of Aleveer or Renovo Pain Patches (Menthol 5% and Capsaicin 0.0375%) to your patient's profile, please fax your signature to:

ROC Pharma

Fax: 888-887-1120

Tel: 888-598-8898

13140 Colt Rd Ste 212

Dallas, TX 75240

RX: Aleveer / Renovo Pain Patch

Sig: Apply 1 patch to affected area 1-2 times per day PRN. If applicable, alternate with cream.

Qty: 60 patches

Signature: [REDACTED]

Date: 11-25-14

Thank you for your time and consideration.

Regards,

Leslie Glang, PharmD, RPH
Pharmacy Manager

12/02/2014 14:18 UT PHYSICIANS SUGAR LAND
12-02-14 13:45 FROM ROC Pharma

46Y364/890

(FAX) 713 234 7343

P.003/004
T-920 P0002/0004 F-148

Blanket Authorization for Compounded Option Alternative
Aleveer / Renovo Pain Patches

Dear Dr. [REDACTED]:

We wanted to thank you for allowing us to take care of your patients. We have Aleveer[®] and Renovo[®] Pain Patches (Menthol 5% and Capsaicin 0.0875%) for patients who are currently on localized pain control therapy.

If the original compounded prescription is for musculoskeletal pain/ inflammation, either patches may apply based on the patient's preference, medical history, and symptoms (e.g. neuropathy). If approved, either patches will be applied to the patient profile for dispensing, directions, refills, and quantity prescribed will remain the same as per the original prescription unless otherwise indicated.

These patches will serve as an adjunct to provide continuous pain relief or if insurance does not cover the original compound, may be used independently.

If you approve of the addition of Aleveer or Renovo Pain Patches (Menthol 5% and Capsaicin 0.0875%) to your patient's profile, please fax your signature to:

ROC Pharma

Fax: 888-887-1120

Tel: 888-598-8898

13140 Coit Rd Ste 212

Dallas, TX 75240

RX: Aleveer / Renovo Pain Patch

Sig: Apply 1 patch to affected area 1-2 times per day PRN. If applicable, alternate with cream.

Qty: 60 patches

Signature: [REDACTED]

Date: 12/2/14

Thank you for your time and consideration.

Regards,

Leslie Giang, PharmD, RPH
Pharmacy Manager

T-100 462001/P. 1/1-963

Dear Dr

Dallas, TX 75240

Date: 11/11/01

Leslie Glang, PharmD, RPH
Pharmacy Manager

12/08/2014 16:37 2813739483
12-08-14 14:46 FROM-Roc Pharma

DRPARIKH
4693647890

PAGE 02/03
T-016 P0001/0003 F-236

Blanket Authorization for Compounded Option Alternative
Aleveer / Renovo / QROxin Pain Patches

Dear Dr. [REDACTED]:

We wanted to thank you for allowing us to take care of your patients. We have Aleveer[®], Renovo[®], QROxin[®] Pain Patches (Menthol 5% and Capsaicin 0.0375%) for patients who are currently on localized pain control therapy.

If the original compounded prescription is for musculoskeletal pain/ inflammation, either patches may apply based on the patient's preference, medical history, and symptoms (e.g. neuropathy). If approved, either patches will be applied to the patient profile for dispensing; directions, refills, and quantity prescribed will remain the same as per the original prescription unless otherwise indicated.

These patches will serve as an adjunct to provide continuous pain relief or if insurance does not cover the original compound, may be used independently.

If you approve of the addition of Aleveer, Renovo, or QROxin Pain Patches (Menthol 5% and Capsaicin 0.0375%) to your patient's profile, please fax your signature to:

ROC Pharma
Fax: 888-887-1120
Tel: 888-598-8898
13140 Coit Rd Ste 212
Dallas, TX 75240

RX: Pain Patch

Sig: Apply 1 patch to affected area 1-2 times per day PRN. If applicable, alternate with cream.

Qty: 60 patches

Signature: [REDACTED]

Date: 12/8/14

Thank you for your time and consideration.

Regards,

Leslie Giang, PharmD, RPH
Pharmacy Manager

Dec 08 2014 17:54 HP Fax

page 2

12-08-14 14:47 FROM-Roc Pharma

4693647890

T-017 P0001/0003 F-237

Blanket Authorization for Compounded Option Alternative
Aleveer / Renovo / QROxin Pain Patches

Dear Dr. [REDACTED]:

We wanted to thank you for allowing us to take care of your patients. We have Aleveer[®], Renovo[®], QROxin[®] Pain Patches (Menthol 5% and Capsaicin 0.0375%) for patients who are currently on localized pain control therapy.

If the original compounded prescription is for musculoskeletal pain/inflammation, either patches may apply based on the patient's preference, medical history, and symptoms (e.g neuropathy). If approved, either patches will be applied to the patient profile for dispensing; directions, refills, and quantity prescribed will remain the same as per the original prescription unless otherwise indicated.

These patches will serve as an adjunct to provide continuous pain relief or if insurance does not cover the original compound, may be used independently.

If you approve of the addition of Aleveer, Renovo, or QROxin Pain Patches (Menthol 5% and Capsaicin 0.0375%) to your patient's profile, please fax your signature to:

ROC Pharma
Fax: 888-887-1120
Tel: 888 508 8898
13140 Coll Rd Ste 717
Dallas, TX 75240

RX: Pain Patch

Sig: Apply 1 patch to affected area 1-2 times per day PRN. If applicable, alternate with cream.
Qty: 60 patches

Signature: [REDACTED]

Date: 12/8/14

Thank you for your time and consideration.

Regards,

Leslie Glang, PharmD, RPH
Pharmacy Manager

12-08-'14 14:23 FROM-Roc Pharma

4693647890

T-888 P8001/0003 F-222

Blanket Authorization for Compounded Option Alternative
Aleveer / Renovo / QROxin Pain Patches

Dear Dr. [REDACTED]:

We wanted to thank you for allowing us to take care of your patients. We have Aleveer[®], Renovo[®], QROxin[®] Pain Patches (Menthol 5% and Capsaicin 0.0375%) for patients who are currently on localized pain control therapy.

If the original compounded prescription is for musculoskeletal pain/inflammation, either patches may apply based on the patient's preference, medical history, and symptoms (e.g. neuropathy). If approved, either patches will be applied to the patient profile for dispensing; directions, refills, and quantity prescribed will remain the same as per the original prescription unless otherwise indicated.

These patches will serve as an adjunct to provide continuous pain relief or if insurance does not cover the original compound, may be used independently.

If you approve of the addition of Aleveer, Renovo, or QROxin Pain Patches (Menthol 5% and Capsaicin 0.0375%) to your patient's profile, please fax your signature to:

ROC Pharma
Fax: 888-887-1120
Toll: 888-598-8898
13140 Coit Rd Ste 212
Dallas, TX 75240

RX: Pain Patch
Sig: Apply 1 patch to affected area 1-2 times per day PRN, if applicable, alternate with cream.
Qty: 50 patches
Signature: [REDACTED] Date: 12/9/14

Thank you for your time and consideration.
Regards,

Leslie Glang, PharmD, MPH
Pharmacy Manager

12/11/2014 13:33 UT Physicians Ironman/ Back Offc

(FAX)713 467 6775

P.001/003

12-08-'14 14:50 FROM-Roc Pharma

4693647890

T-020 P0001/0003 F-240

Blanket Authorization for Compounded Option Alternative
Aleveer / Renovo / QROxin Pain Patches

Dear Dr. [REDACTED]:

We wanted to thank you for allowing us to take care of your patients. We have Aleveer[®], Renovo[®], QROxin[®] Pain Patches (Menthol 5% and Capsaicin 0.0375%) for patients who are currently on localized pain control therapy.

If the original compounded prescription is for musculoskeletal pain/ inflammation, either patches may apply based on the patient's preference, medical history, and symptoms (e.g neuropathy). If approved, either patches will be applied to the patient profile for dispensing; directions, refills, and quantity prescribed will remain the same as per the original prescription unless otherwise indicated.

These patches will serve as an adjunct to provide continuous pain relief or if insurance does not cover the original compound, may be used independently.

If you approve of the addition of Aleveer, Renovo, or QROxin Pain Patches (Menthol 5% and Capsaicin 0.0375%) to your patient's profile, please fax your signature to:

ROC Pharma
Fax: 888-887-1120
Tel: 888-598-8898
13140 Coit Rd Ste 212
Dallas, TX 75240

RX: Pain Patch

Sig: Apply 1 patch to affected area 1-2 times per day PRN. If applicable, alternate with cream.

Qty: 60 patches

Signature: [REDACTED]

Date: 12/11/14

Thank you for your time and consideration.

Regards,

Leslie Glang, PharmD, RPH
Pharmacy Manager

From Leo Toupin MD PA 1.888.667.5281 Fri Dec 12 18:37:54 2014 EST EDT Page 2 of 4

Page 1 of 3

12-08-'14 14:51 FROM-Roc Pharma

4693647890

T-021 P0001/0003

Blanket Authorization for Compounded Option Alternative
Aleveer / Renovo / QROxin Pain Patches

Dear Dr. [REDACTED]:

We wanted to thank you for allowing us to take care of your patients. We have Aleveer[®], Renovo[®], QROxin[®] Pain Patches (Menthol 5% and Capsaicin 0.0375%) for patients who are currently on localized pain control therapy.

If the original compounded prescription is for musculoskeletal pain/ inflammation, either patches may apply based on the patient's preference, medical history, and symptoms (e.g. neuropathy). If approved, either patches will be applied to the patient profile for dispensing, directions, refills, and quantity prescribed will remain the same as per the original prescription unless otherwise indicated.

These patches will serve as an adjunct to provide continuous pain relief or if insurance does not cover the original compound, may be used independently.

If you approve of the addition of Aleveer, Renovo, or QROxin Pain Patches (Menthol 5% and Capsaicin 0.0375%) to your patient's profile, please fax your signature to:

ROC Pharma
Fax: 888-887-1120
Tel: 888-598-8898
13140 Colt Rd Ste 212
Dallas, TX 75240

RX: Pain Patch

Sig: Apply 1 patch to affected area 1-2 times per day PRN. If applicable, alternate with cream

Qty: 60 patches

Signature: [REDACTED]

Date: 12-8

Thank you for your time and consideration.

Regards,

Leslie Giang, PharmD, RPH
Pharmacy Manager

08/08/2014 07:15

08-06-'14 14:15 FROM-Roc Pharma

4693647890

(FAX)

P.001/001

T-841 P0001/0001 F-128

FAX: 988.887.1120

Blanket authorization for compounded option alternative

Faxed
8/8/14

Dear Dr. [REDACTED]

We wanted to thank you for allowing us to take care of your patients. We have Aleveer® Pain Patches (Menthol 5%, Capsaicin 0.0375%), whose insurance does not cover compounds, for your consideration, and approval. This will help expedite the processing of their prescription, if the alternative option is requested by the patient.

If the original compounded prescription is for musculoskeletal pain/inflammation, the Aleveer® Pain Patches may apply based on the patients' preference, history, and symptoms (e.g. neuropathy). The directions, refills, and quantity prescribed will remain the same as per the original prescription, unless otherwise specified by the prescriber.

Once again, thank you for your time, and consideration,

Sincerely,

Vlad Bekker PharmD, R.Ph

MD Signature:	[REDACTED]
Approval date:	8/8/14
Effective until:	11/1/14

Aug 08 2014 11:35 HP Fax

08-06-14 14:12 FROM-Roc Pharma

page 1

4693647890

T-838 P0001/0001 F-116

Blanket authorization for compounded option alternative

Dear [REDACTED]:

We wanted to thank you for allowing us to take care of your patients. We have Aleveer® Pain Patches (Menthol 5%, Capsaicin 0.0375%), whose insurance does not cover compounds, for your consideration, and approval. This will help expedite the processing of their prescription, if the alternative option is requested by the patient.

If the original compounded prescription is for musculoskeletal pain/inflammation, the Aleveer® Pain Patches may apply based on the patients' preference, history, and symptoms (e.g. neuropathy). The directions, refills, and quantity prescribed will remain the same as per the original prescription, unless otherwise specified by the prescriber.

Once again, thank you for your time, and consideration,

Sincerely,

Vlad Bekker PharmD, R.Ph

MD Signature:	[REDACTED]
Approval date:	9/18/14
Effective until:	indefinite

08/08/2014 13:11

08-06-'14 13:41 FROM-Roc Pharma

4653647890

(FAX)

P.001/001

T-811 P0001/0001 F-091

Blanket authorization for compounded option alternative

Dear [REDACTED]

We wanted to thank you for allowing us to take care of your patients. We have Aleveer® Pain Patches (Menthol 5%, Capsaicin 0.0375%), whose insurance does not cover compounds, for your consideration, and approval. This will help expedite the processing of their prescription, if the alternative option is requested by the patient.

If the original compounded prescription is for musculoskeletal pain/inflammation, the Aleveer® Pain Patches may apply based on the patients' preference, history, and symptoms (e.g. neuropathy). The directions, refill, and quantity prescribed will remain the same as per the original prescription, unless otherwise specified by the prescriber.

Once again, thank you for your time, and consideration,

Sincerely,

Vlad Bekker PharmD, R.Ph

MD Signature:	[REDACTED]
Approval date:	8/7/14
Effective until:	8/7/15

Dear [REDACTED]

Once again, thank you for your time, and consideration,

Vlad Bekker PharmD, R.Ph

MD Signature: _____
Approval date: 08/07/2014
Effective until 08/07/2015

08/08/2014 16:23 UT Physicians (Ironman) Back Offc

FAX 713 467 6775

P.001/001

08-06-'14 14:15 FROM-Roc Pharma

4693647890

T-841 P0001/0001 F-120

FAX: 888.887.1120

Blanket authorization for compounded option alternative

Faxed
8/8/14

Dear [REDACTED]:

We wanted to thank you for allowing us to take care of your patients. We have Aleveer® Pain Patches (Menthol 5%, Capsaicin 0.0375%), whose insurance does not cover compounds, for your consideration, and approval. This will help expedite the processing of their prescription, if the alternative option is requested by the patient.

If the original compounded prescription is for musculoskeletal pain/inflammation, the Aleveer® Pain Patches may apply based on the patients' preference, history, and symptoms (e.g. neuropathy). The directions, refills, and quantity prescribed will remain the same as per the original prescription, unless otherwise specified by the prescriber.

Once again, thank you for your time, and consideration,

Sincerely,

Vlad Bekker PharmD, R.Ph

MD Signature:	[REDACTED]
Approval date:	8/8/14
Effective until:	11/1/14

08-06-'14 14:03 FROM-Roc Pharma

4693647890

T-831 P0001/0001 F-110

Blanket authorization for compounded option alternative

Dear [REDACTED]:


We wanted to thank you for allowing us to take care of your patients. We have Aleveer® Pain Patches (Menthol 5%, Capsaicin 0.0375%), whose insurance does not cover compounds, for your consideration, and approval. This will help expedite the processing of their prescription, if the alternative option is requested by the patient.

If the original compounded prescription is for musculoskeletal pain/inflammation, the Aleveer® Pain Patches may apply based on the patients' preference, history, and symptoms (e.g. neuropathy). The directions, refills, and quantity prescribed will remain the same as per the original prescription, unless otherwise specified by the prescriber.

Once again, thank you for your time, and consideration,

Sincerely,

Vlad Bekker PharmD, R.Ph

MD Signature:	
Approval date:	7/11/2018
Effective until:	8/11/2018

08-06-'14 14:11 FROM-Roc Pharma

4693647890

T-836 P0001/0001 F-117

UNPARKED

PAGE 01/01

Blanket authorization for compounded option alternative

Dear [REDACTED]:

We wanted to thank you for allowing us to take care of your patients. We have Aleveer® Pain Patches (Menthol 5%, Capsaicin 0.0375%), whose insurance does not cover compounds, for your consideration, and approval. This will help expedite the processing of their prescription, if the alternative option is requested by the patient.

If the original compounded prescription is for musculoskeletal pain/inflammation, the Aleveer® Pain Patches may apply based on the patients' preference, history, and symptoms (e.g. neuropathy). The directions, refills, and quantity prescribed will remain the same as per the original prescription, unless otherwise specified by the prescriber.

Once again, thank you for your time, and consideration,

Sincerely,

Vlad Bekker PharmD, R.Ph

MD Signature:	[REDACTED]
Approval date:	8/6/14
Effective until	12/31/14

FAX
BACK.

01/25/2013 00:24 2813133313

DRDAVIDKORFIN

PAGE 01/01

08-06-'14 14:02 FROM-Roc Pharma

4683647890

T-830 P0001/0001 F-109

Blanket authorization for compounded option alternative

Dear Dr. [REDACTED]:

We wanted to thank you for allowing us to take care of your patients. We have Aleve[®] Pain Patches (Menthol 5%, Capsaicin 0.0375%), whose insurance does not cover compounds, for your consideration, and approval. This will help expedite the processing of their prescription, if the alternative option is requested by the patient.

If the original compounded prescription is for musculoskeletal pain/inflammation, the Aleve[®] Pain Patches may apply based on the patients' preference, history, and symptoms (e.g. neuropathy). The directions, refills, and quantity prescribed will remain the same as per the original prescription, unless otherwise specified by the prescriber.

Once again, thank you for your time, and consideration,

Sincerely,

Vlad Bekker PharmD, R.Ph

MD Signature: [REDACTED]

Approval date: 8-7-14

Effective until: 8-7-14

4683647890

T-819 P0001/0001 F-098

Blanket authorization for compounded option alternative

Dear [REDACTED]:

We wanted to thank you for allowing us to take care of your patients. We have Alevear® Pain Patches (Menthol 5%, Capsaicin 0.0875%), whose insurance does not cover compounds, for your consideration, and approval. This will help expedite the processing of their prescription, if the alternative option is requested by the patient.

If the original compounded prescription is for musculoskeletal pain/inflammation, the Alevear® Pain Patches may apply based on the patients' preference, history, and symptoms (e.g. neuropathy). The directions, refills, and quantity prescribed will remain the same as per the original prescription, unless otherwise specified by the prescriber.

Once again, thank you for your time, and consideration,

Sincerely,

Vlad Bekker PharmD, R.Ph

MD Signature:	[REDACTED]
Approval date:	_____
Effective until:	_____

Feb/20/2015 12:58:29 PM
17-2-2015 5:10 PM Fax Services

HOSP 713-314-2880
→ 17133142990

4/5

D4

ROC Pharma

5710 LBJ Frwy Sta. 481, Dallas, Tx 75240

Tel: 855-598-8888

Fax: 888-887-1120

Dear Dr. [REDACTED]

Rx: Baclofen 1% Cream Kit
Amitriptyline 2% Cream Kit
Cyclobenzaprine 2% Cream Kit
Ibuprofen 10% Cream Kit
Lidocaine 5% Cream Kit
Lidocaine 10% Cream Kit
Naproxen 10% Cream Kit

Listed above are new musculoskeletal and neuropathic pain cream kits. The purpose of these kits is to serve an alternative form of pain management therapy in the event that the patient's insurance does not cover the original prescription compound. Dependent on the ingredients of the original prescription, we will use these kits to provide a cream with a combination of ingredients that most closely mimics the original compound by method of pharmacological class. Directions, refills, and quantity will remain the same as the original prescription.

These kits are packaged similar to Benzacoin gel in which the medication will be mixed by the pharmacy and verified by the pharmacist prior to patient receipt.

If you agree to allow ROC Pharma these medication kits as substituted product for all of your patients when insurance does not pay for the original compound, please sign your name on the page and fax back to us at: (888) 887-1120.

Thank you,

Leslie Giang, PharmD, RPh
Pharmacist Manager
ROC Pharma
Tel: (855) 598-8888
Fax: (888) 887-1120

Prescriber Name: [REDACTED]

Prescriber Signature: [REDACTED]

Date: 2-19-15

02-13-15; 02:46PM; From: HEINICH JOSEY ORTHO

To: 18888871120 ; 512

1/ 3

ROC Pharma

5710 LBJ Frwy Ste. 481, Dallas, Tx 75240

Tel: 855-598-8898

Fax: 888-887-1120

Dear Dr. [REDACTED]

RX: Baclofen 1% Cream Kit
Amitriptyline 2% Cream Kit
Cyclobenzaprine 2% Cream Kit
Ibuprofen 10% Cream Kit
Lidocaine 5% Cream Kit
Lidocaine 10% Cream Kit
Naproxen 10% Cream Kit

Listed above are new musculoskeletal and neuropathic pain cream kits. The purpose of these kits is to serve an alternative form of pain management therapy in the event that the patient's insurance does not cover the original prescription compound. Dependent on the ingredients of the original prescription, we will use these kits to provide a cream with a combination of ingredients that most closely mimics the original compound by method of pharmacological class. Directions, refills, and quantity will remain the same as the original prescription.

These kits are packaged similar to Benzacoin gel in which the medication will be mixed by the pharmacy and verified by the pharmacist prior to patient receipt.

If you agree to allow ROC Pharma these medication kits as substituted product for all of your patients when insurance does not pay for the original compound, please sign your name on the page and fax back to us at: (888) 887-1120.

Thank you,

Leslie Wang, PharmD, RPh
Pharmacist Manager
ROC Pharma
Tel: (855) 598-8898
Fax: (888) 887-1120

Prescriber Name: [REDACTED]

Prescriber Signature: [REDACTED]

Date: 2/13/15

03-2-2015 7:28 PM

Fax Services

15124762832

D 11

ROC Pharma

5710 LB Hwy Ste. 481, Dallas, TX 75240

Tel: 855-598-8898

Fax: 888-887-1120

Dear Dr. _____

Rx: Baclofen 1% Cream Kit
Amitriptyline 2% Cream Kit
Cyclobenzaprine 2% Cream Kit
Ibuprofen 10% Cream Kit
Lidocaine 5% Cream Kit
Lidocaine 10% Cream Kit
Naproxen 10% Cream Kit

Listed above are new musculoskeletal and neuropathic pain cream kits. The purpose of these kits is to serve an alternative form of pain management therapy in the event that the patient's insurance does not cover the original prescription compound. Dependent on the ingredients of the original prescription, we will use these kits to provide a cream with a combination of ingredients that most closely mimics the original compound by method of pharmacological class. Directions, refills, and quantity will remain the same as the original prescription.

These kits are packaged similar to Benzacel gel in which the medication will be mixed by the pharmacy and verified by the pharmacist prior to patient receipt.

If you agree to allow ROC Pharma these medication kits as substituted product for all of your patients when insurance does not pay for the original compound, please sign your name on the page and fax back to us at: (888) 887-1120.

Thank you,

Leslie Glang, PharmD, RPh
Pharmacist Manager
ROC Pharma
Tel: (855) 598-8898
Fax: (888) 887-1120

Prescriber Name: _____

Prescriber Signature: _____

Date: _____

2/1/12

From: Dr. Lunsford & Dr. Millbourne

281 463 1035

02/10/2015 18:14

#507 P.001/003

10-2-2015 6:18 PM

Fax Services

→ 12814631035

01

ROC Pharma

5710 LBJ Frwy Ste. 481, Dallas, Tx 75240

Tel: 855-598-8898

Fax: 888-887-1120

Dear Dr. [REDACTED]

Rx: Baclofen 1% Cream Kit
Amitriptyline 2% Cream Kit
Cyclobenzaprine 2% Cream Kit
Ibuprofen 10% Cream Kit
Lidocaine 5% Cream Kit
Lidocaine 10% Cream Kit
Naproxen 10% Cream Kit

Listed above are new musculoskeletal and neuropathic pain cream kits. The purpose of these kits is to serve an alternative form of pain management therapy in the event that the patient's insurance does not cover the original prescription compound. Dependent on the ingredients of the original prescription, we will use these kits to provide a cream with a combination of ingredients that most closely mimics the original compound by method of pharmacological class. Directions, refills, and quantity will remain the same as the original prescription.

These kits are packaged similar to benzacoin gel in which the medication will be mixed by the pharmacy and verified by the pharmacist prior to patient receipt.

If you agree to allow ROC Pharma these medication kits as substituted product for all of your patients when insurance does not pay for the original compound, please sign your name on the page and fax back to us at: (888) 887-1120.

Thank you,

Leslie Glang, PharmD, RPh
Pharmacist Manager
ROC Pharma
Tel: (855) 598-8898
Fax: (888) 887-1120

Prescriber Name: [REDACTED]

Prescriber Signature: [REDACTED]

Date: 2/10/15

03-2-2015 9:08 PM

Fax Services

17137950774

D 11

ROC Pharma

5710 LBJ Frwy Ste. 481, Dallas, Tx 75240

Tel: 855-598-8898

Fax: 888-887-1120

Dear Dr. _____

Rx: Baclofen 1% Cream Kit
Amitriptyline 2% Cream Kit
Cyclobenzaprine 2% Cream Kit
Ibuprofen 10% Cream Kit
Lidocaine 5% Cream Kit
Lidocaine 10% Cream Kit
Naproxen 10% Cream Kit

Listed above are new musculoskeletal and neuropathic pain cream kits. The purpose of these kits is to serve an alternative form of pain management therapy in the event that the patient's insurance does not cover the original prescription compound. Dependent on the ingredients of the original prescription, we will use these kits to provide a cream with a combination of ingredients that most closely mimics the original compound by method of pharmacological class. Directions, refills, and quantity will remain the same as the original prescription.

These kits are packaged similar to Benzacel gel in which the medication will be mixed by the pharmacy and verified by the pharmacist prior to patient receipt.

If you agree to allow ROC Pharma these medication kits as substituted product for all of your patients when insurance does not pay for the original compound, please sign your name on the page and fax back to us at: (888) 887-1120.

Thank you,

Leslie Giang, PharmD, RPh
Pharmacist Manager
ROC Pharma
Tel: (855) 598-8898
Fax: (888) 887-1120

Prescriber Name: _____

Prescriber Signature: _____

Date: 2/5/15

From 5123675924 1.512.367.5924 Thu Feb 5 08:41:04 2015 MST Page 4 of 4

03-2-2015 6:43 PM

Fax Services

→ 15124677297

011

ROC Pharma

5710 LB/ Frwy Ste. 481, Dallas, Tx 75240

Tel: 855-598-8898

Fax: 888-887-1120

Dear Dr. [REDACTED]

Rx: Baclofen 1% Cream Kit
Amitriptyline 2% Cream Kit
Cyclobenzaprine 2% Cream Kit
Ibuprofen 10% Cream Kit
Lidocaine 5% Cream Kit
Lidocaine 10% Cream Kit
Naproxen 10% Cream Kit

Listed above are new musculoskeletal and neuropathic pain cream kits. The purpose of these kits is to serve an alternative form of pain management therapy in the event that the patient's insurance does not cover the original prescription compound. Dependent on the ingredients of the original prescription, we will use these kits to provide a cream with a combination of ingredients that most closely mimics the original compound by method of pharmacological class. Directions, refills, and quantity will remain the same as the original prescription.

These kits are packaged similar to BenzacIn gel in which the medication will be mixed by the pharmacy and verified by the pharmacist prior to patient receipt.

If you agree to allow ROC Pharma these medication kits as substituted product for all of your patients when insurance does not pay for the original compound, please sign your name on the page and fax back to us at: (888) 887-1120.

Thank you,

Leslie Giang, PharmD, RPh
Pharmacist Manager
ROC Pharma
Tel: (855) 598-8898
Fax: (888) 887-1120

Prescriber Name: [REDACTED]

Prescriber Signature: [REDACTED]

Date: FD 2728321

From: Dr. Lunsford & Dr. Milbourne

281 463 1035

02/04/2015 10:33

#447 P.001/001

29-1-2015 10:28 PM

Fax Services

→ 12814631035

D1

ROC Pharma

5710 LBJ Frwy Ste. 481, Dallas, Tx 75240

Tel: 855-598-8898

Fax: 888-887-1120

Dear Dr. [REDACTED]

Rx: Baclofen 1% Cream Kit
Amitriptyline 2% Cream Kit
Cyclobenzaprine 2% Cream Kit
Ibuprofen 10% Cream Kit
Lidocaine 5% Cream Kit
Lidocaine 10% Cream Kit
Naproxen 10% Cream Kit

Listed above are new musculoskeletal and neuropathic pain cream kits. The purpose of these kits is to serve an alternative form of pain management therapy in the event that the patient's insurance does not cover the original prescription compound. Dependent on the ingredients of the original prescription, we will use these kits to provide a cream with a combination of ingredients that most closely mimics the original compound by method of pharmacological class. Directions, refills, and quantity will remain the same as the original prescription.

These kits are packaged similar to Benzacoin gel in which the medication will be mixed by the pharmacy and verified by the pharmacist prior to patient receipt.

If you agree to allow ROC Pharma these medication kits as substituted product for all of your patients when insurance does not pay for the original compound, please sign your name on the page and fax back to us at: (888) 887-1120.

Thank you,

Leslie Glang, PharmD, RPh
Pharmacist Manager
ROC Pharma
Tel: (855) 598-8898
Fax: (888) 887-1120

Prescriber Name: [REDACTED]

Prescriber Signature: [REDACTED]

Date: 2-4-18

Feb. 3. 2015 4:59PM

No. 7590 P. 1/1

ROC Pharma

5710 LBJ Frwy Sta. 481, Dallas, Tx 75240

Tel: 855-598-8898

Fax: 888-887-1120

Dear Dr. [REDACTED]

Rx: Baclofen 1% Cream Kit
Amitriptyline 2% Cream Kit
Cyclobenzaprine 2% Cream Kit
Ibuprofen 10% Cream Kit
Lidocaine 5% Cream Kit
Lidocaine 10% Cream Kit
Naproxen 10% Cream Kit

Listed above are new musculoskeletal and neuropathic pain cream kits. The purpose of these kits is to serve an alternative form of pain management therapy in the event that the patient's insurance does not cover the original prescription compound. Dependent on the ingredients of the original prescription, we will use these kits to provide a cream with a combination of ingredients that most closely mimics the original compound by method of pharmacological class. Directions, refills, and quantity will remain the same as the original prescription.

These kits are packaged similar to Benzacoin gel in which the medication will be mixed by the pharmacy and verified by the pharmacist prior to patient receipt.

If you agree to allow ROC Pharma these medication kits as substituted product for all of your patients when insurance does not pay for the original compound, please sign your name on the page and fax back to us at: (888) 887-1120.

Thank you,

Leslie Glang, PharmD, RPh
Pharmacist Manager
ROC Pharma
Tel: (855) 598-8898
Fax: (888) 887-1120

Prescriber Name: [REDACTED]

Prescriber Signature: [REDACTED]

Date: 2/2/15

02/04/2015 13:06
02/04/2015 13:06

806-350-2664
Fax Service

PARKER ORTHOPEDICS
18063502664

PAGE 10/11
011

ROC Pharma

5710 LBJ Frwy Ste. 481, Dallas, Tx 75240

Tel: 855-598-8898

Fax: 888-887-1120

Dear Dr. _____

Rx: Baclofen 1% Cream Kit
Amitriptyline 2% Cream Kit
Cyclobenzaprine 2% Cream Kit
Ibuprofen 10% Cream Kit
Lidocaine 5% Cream Kit
Lidocaine 20% Cream Kit
Naproxen 10% Cream Kit

Listed above are new musculoskeletal and neuropathic pain cream kits. The purpose of these kits is to serve an alternative form of pain management therapy in the event that the patient's insurance does not cover the original prescription compound. Dependent on the ingredients of the original prescription, we will use these kits to provide a cream with a combination of ingredients that most closely mimics the original compound by method of pharmacological class. Directions, refills, and quantity will remain the same as the original prescription.

These kits are packaged similar to Benzacoin gel in which the medication will be mixed by the pharmacy and verified by the pharmacist prior to patient receipt.

If you agree to allow ROC Pharma these medication kits as substituted product for all of your patients when insurance does not pay for the original compound, please sign your name on the page and fax back to us at: (888) 887-1120.

Thank you,

Leslie Giang, PharmD, RPh
Pharmacist Manager
ROC Pharma
Tel: (855) 598-8898
Fax: (888) 887-1120

Prescriber Name: _____

Prescriber Signature: _____

Date: _____

Feb 02 2015 15:51 HP Fax
29-1-2015 9:06 PM Fax Services

page 2
→ 12146915940

ROC Pharma

5710 LBJ Frwy Ste. 481, Dallas, Tx 75240

Tel: 855-598-8898

Fax: 888-887-1120

Dear Dr. [REDACTED]

Rx: Baclofen 1% Cream Kit
Amitriptyline 2% Cream Kit
Cyclobenzaprine 2% Cream Kit
Ibuprofen 10% Cream Kit
Lidocaine 5% Cream Kit
Lidocaine 10% Cream Kit
Naproxen 10% Cream Kit

Listed above are new musculoskeletal and neuropathic pain cream kits. The purpose of these kits is to serve an alternative form of pain management therapy in the event that the patient's insurance does not cover the original prescription compound. Dependent on the ingredients of the original prescription, we will use these kits to provide a cream with a combination of ingredients that most closely mimics the original compound by method of pharmacological class. Directions, refills, and quantity will remain the same as the original prescription.

These kits are packaged similar to BenzacIn gel in which the medication will be mixed by the pharmacy and verified by the pharmacist prior to patient receipt.

If you agree to allow ROC Pharma these medication kits as substituted product for all of your patients when insurance does not pay for the original compound, please sign your name on the page and fax back to us at: (888) 887 - 1120.

Thank you,

Leslie Giang, PharmD, RPh
Pharmacist Manager
ROC Pharma
Tel: (855) 598-8898
Fax: (888) 887-1120

Prescriber Name: [REDACTED]

Prescriber Signature: [REDACTED]

Date: 2/2/15

01/30/2015 16:28
69 28-1-2015 9:47 PM

Fax Services

→ 12814643246

(FAX)

P.001/002
01

ROC Pharma

5710 LBJ Frwy Ste. 481, Dallas, TX 75240

Tel: 855-598-8898

Fax: 888-887-1120

Dear Dr. [REDACTED]

Rx: Baclofen 1% Cream Kit
Amitriptyline 2% Cream Kit
Cyclobenzaprine 2% Cream Kit
Ibuprofen 10% Cream Kit
Lidocaine 5% Cream Kit
Lidocaine 10% Cream Kit
Naproxen 10% Cream Kit

Listed above are new musculoskeletal and neuropathic pain cream kits. The purpose of these kits is to serve an alternative form of pain management therapy in the event that the patient's insurance does not cover the original prescription compound. Dependent on the ingredients of the original prescription, we will use these kits to provide a cream with a combination of ingredients that most closely mimics the original compound by method of pharmacological class. Directions, refills, and quantity will remain the same as the original prescription.

These kits are packaged similar to Benzacoin gel in which the medication will be mixed by the pharmacy and verified by the pharmacist prior to patient receipt.

If you agree to allow ROC Pharma these medication kits as substituted product for all of your patients when insurance does not pay for the original compound, please sign your name on the page and fax back to us at: (888) 887 - 1120.

Thank you,

Leslie Giang, PharmD, RPh
Pharmacist Manager
ROC Pharma
Tel: (855) 598-8898
Fax: (888) 887-1120

Prescriber Name: [REDACTED]

Prescriber Signature: [REDACTED]

Date: 1/30/15

01/30/2015 12:55 2813739403

DRPARIKH

PAGE 01/01
D4

29-1-2015 8:52 PM

Fax Services

→ 12813739403

ROC Pharma

5710 LBJ Frwy Ste. 481, Dallas, Tx 75240

Tel: 855-598-8898

Fax: 888-887-1120

Dear Dr. [REDACTED]

Rx: Baclofen 1% Cream Kit
Amitriptyline 2% Cream Kit
Cyclobenzaprine 2% Cream Kit
Ibuprofen 10% Cream Kit
Lidocaine 5% Cream Kit
Chlorzoxazone 10% Cream Kit
Naproxen 10% Cream Kit

Listed above are new musculoskeletal and neuropathic pain cream kits. The purpose of these kits is to serve an alternative form of pain management therapy in the event that the patient's insurance does not cover the original prescription compound. Dependent on the ingredients of the original prescription, we will use these kits to provide a cream with a combination of ingredients that most closely mimics the original compound by method of pharmacological class. Directions, refills, and quantity will remain the same as the original prescription.

These kits are packaged similar to Benzacoin gel in which the medication will be mixed by the pharmacy and verified by the pharmacist prior to patient receipt.

If you agree to allow ROC Pharma these medication kits as substituted product for all of your patients when insurance does not pay for the original compound, please sign your name on the page and fax back to us at: (888) 887-1120.

Thank you,

Leslie Giang, PharmD, RPh
Pharmacist Manager

ROC Pharma
Tel: (855) 598-8898
Fax: (888) 887-1120

Prescriber Name: [REDACTED]

Prescriber Signature: [REDACTED]

Date: 1/29/15

FAX BACK

02/02/2015 09:51
02/02/2015 4:01 PM

Fax Services

→ 12814643246

(FAX)

P.001/002
01

ROC Pharma

1710 B. Frwy Ste. 481, Dallas, Tx 75240

Tel: 855-598-8898

Fax: 888-887-1120

Dear Dr. [REDACTED]

Re: Baclofen 1% Cream Kit
Amitriptyline 2% Cream Kit
Cyclobenzaprine 2% Cream Kit
Ibuprofen 10% Cream Kit
Lidocaine 5% Cream Kit
Lidocaine 10% Cream Kit
Naproxen 10% Cream Kit

Listed above are new musculoskeletal and neuropathic pain cream kits. The purpose of these kits is to serve an alternative form of pain management therapy in the event that the patient's insurance does not cover the original prescription compound. Dependent on the ingredients of the original prescription, we will use these kits to provide a cream with a combination of ingredients that most closely mimics the original compound by method of pharmacological class. Directions, refills, and quantity will remain the same as the original prescription.

These kits are packaged similar to Benzacoin gel-in which the medication will be mixed by the pharmacy and verified by the pharmacist prior to patient receipt.

If you agree to allow ROC Pharma these medication kits as substituted product for all of your patients whose insurance does not pay for the original compound, please sign your name on the page and fax back to us at (855) 598-8898.

Thank you,

Leslie Giang, PharmD, RPh
Pharmacist Manager
ROC Pharma
Tel: (855) 598-8898
Fax: (888) 887-1120

Prescriber Name: [REDACTED]

Prescriber Signature: [REDACTED]

Date: 1/18/18

28-1-2015 9:45 PM

Fax Services

15124762832

51

ROC Pharma

5710 LBJ Frwy Ste. 481, Dallas, Tx 75240

Tel: 855-595-8598

Fax: 888-887-1120

Dear Dr. [REDACTED]

Rx: Baclofen 1% Cream Kit
Amitriptyline 2% Cream Kit
Cyclobenzaprine 2% Cream Kit
Ibuprofen 10% Cream Kit
Lidocaine 5% Cream Kit
Lidocaine 10% Cream Kit
Naproxen 10% Cream Kit

Listed above are new musculoskeletal and neuropathic pain cream kits. The purpose of these kits is to serve an alternative form of pain management therapy in the event that the patient's insurance does not cover the original prescription compound. Dependent on the ingredients of the original prescription, we will use these kits to provide a cream with a combination of ingredients that most closely mimics the original compound by method of pharmacological class. Directions, refills, and quantity will remain the same as the original prescription.

These kits are packaged similar to Benzacoin gel in which the medication will be mixed by the pharmacy and verified by the pharmacist prior to patient receipt.

If you agree to allow ROC Pharma these medication kits as substituted product for all of your patients when insurance does not pay for the original compound, please sign your name on the page and fax back to us at: (888) 887-1120.

Thank you,

Leslie Giang, PharmD, RPh
Pharmacist Manager
ROC Pharma
Tel: (855) 598-8598
Fax: (888) 887-1120

Prescriber Name: [REDACTED]

Prescriber Signature: [REDACTED]

Date: 11/30/15

01/30/2015 17:51 UT Physicians (Primary) Back Office
09-29-1-2015 8:49 PM Fax Services

(FAX) 713 467 6775

P.003/005

+ 17134676775

04

ROC Pharma

5710 LBJ Frey Ste. 400, Dallas, TX 75240

Tel: 855-598-8898

Fax: 855-897-1120

Dear Dr. [REDACTED]

Our
Baclofen 1% Cream Kit
Acetaminophen 250 Cream Kit
Naproxen 250mg 1% Cream Kit
Ibuprofen 100mg Cream Kit
Lidocaine 5% Cream Kit
Lidocaine 10% Cream Kit
Benzocaine 10% Cream Kit

Listed above are new musculoskeletal and neuropathic pain cream kits. The purpose of these kits is to serve as alternative form of pain management therapy in the event that the patient's insurance does not cover the original prescription compound. Dependent on the ingredients of the original prescription, we will use these kits to provide a cream with a combination of ingredients that most closely mimics the original compound by active or pharmacological class. Directions, refills, and quantity will remain the same as the original prescription.

These kits are packaged similar to Benzocaine gel in which the medication will be mixed by the pharmacy and verified by the pharmacist prior to patient receipt.

If you agree to allow ROC Pharma these medication kits as substituted product for all of your patients when insurance does not pay for the original compound, please sign your name on the page and fax back to us at (713) 467-6775.

Thank you,

Leslie Slomp, President, ROC
Pharmaceutical Manager
ROC Pharma
Tel: (254) 593-8898
Fax: (888) 897-1120

Prescriber Name: [REDACTED]

Physician Signature: [REDACTED]

Date: 1/30/15

01/29/2015 21:58 7139214456
01-29-2015 9:34 PM Fax Services

CUZA PODIATRY
+17139214456

PAGE 01/01
01

Attention
to [REDACTED]

ROC Pharma

5710 LBJ Frwy Ste. 481, Dallas, Tx 75240

Tel: 855-598-8898

Fax: 888-887-1120

Dear Dr. [REDACTED]

Rx: Baclofen 1% Cream Kit
Amitriptyline 2% Cream Kit
Cyclobenzaprine 2% Cream Kit
Ibuprofen 10% Cream Kit
Lidocaine 5% Cream Kit
Lidocaine 10% Cream Kit
Naproxen 10% Cream Kit

Listed above are new musculoskeletal and neuro pathic pain cream kits. The purpose of these kits is to serve an alternative form of pain management therapy in the event that the patient's insurance does not cover the original prescription compound. Dependent on the ingredients of the original prescription, we will use these kits to provide a cream with a combination of ingredients that most closely mimics the original compound by method of pharmacological class. Directions, refills, and quantity will remain the same as the original prescription.

These kits are packaged similar to Benzacel gel in which the medication will be mixed by the pharmacy and verified by the pharmacist prior to patient receipt.

If you agree to allow ROC Pharma these medication kits as substituted product for all of your patients when insurance does not pay for the original compound, please sign your name on the page and fax back to us at: (888) 887 - 1120.

Thank you,

Leslie Glang, PharmD, RPh
Pharmacist Manager
ROC Pharma
Tel: (855) 598-8898
Fax: (888) 887-1120

Prescriber Name: [REDACTED]

Prescriber Signature: [REDACTED]

Date: 1/29/15

01/20/2015 12:02
28-1-2015 9:58 PM

2010100010
Fax Services

DRDAVIDKORFIN
+ 12813133313

PAGE 01/81
01

ROC Pharma

5710 LBJ Frwy Ste. 481, Dallas, Tx 75240

Tel: 855-598-8898

Fax: 888-887-1120

Dear Dr. [REDACTED]

Rx: Baclofen 1% Cream Kit
Amitriptyline 20% Cream Kit
Cyclobenzaprine 2% Cream Kit
Ibuprofen 10% Cream Kit
Lidocaine 5% Cream Kit
Lidocaine 10% Cream Kit
Naproxen 10% Cream Kit

Listed above are new musculoskeletal and neuropathic pain cream kits. The purpose of these kits is to serve an alternative form of pain management therapy in the event that the patient's insurance does not cover the original prescription compound. Dependent on the ingredients of the original prescription, we will use these kits to provide a cream with a combination of ingredients that most closely mimics the original compound by method of pharmacological class. Directions, refills, and quantity will remain the same as the original prescription.

These kits are packaged similar to Benzacoin gel in which the medication will be mixed by the pharmacy and verified by the pharmacist prior to patient receipt.

If you agree to allow ROC Pharma these medication kits as substituted product for all of your patients when insurance does not pay for the original compound, please sign your name on the page and fax back to us at: (888) 887-1120.

Thank you,

Leslie Glang, PharmD, RPh
Pharmacist Manager
ROC Pharma
Tel: (855) 598-8898
Fax: (888) 887-1120

Prescriber Name: [REDACTED]

Prescriber Signature: [REDACTED]

Date: 1-29-15

Fax Server

1/28/2015 4:41:20 PM PAGE 2/002 Fax Server

2015-1-28 9:56 PM

Fax Services

17134524144

0.1

ROC Pharma

5710 LB Fwy Ste. 481, Dallas, TX 75240

Tel: 855-598-8898

Fax: 888-887-1120

Dear Dr. [REDACTED]

Rx: Baclofen 1% Cream Kit
Amikriptyline 2% Cream Kit
Cyclobenzaprine 2% Cream Kit
Ibuprofen 10% Cream Kit
Lidocaine 5% Cream Kit
Lidocaine 10% Cream Kit
Naproxen 10% Cream Kit

Listed above are new musculoskeletal and neuropathic pain cream kits. The purpose of these kits is to serve an alternative form of pain management therapy in the event that the patient's insurance does not cover the original prescription compound. Dependent on the ingredients of the original prescription, we will use these kits to provide a cream with a combination of ingredients that most closely mimics the original compound by method of pharmacological class. Directions, refills, and quantity will remain the same as the original prescription.

These kits are packaged similar to Beniclin gel in which the medication will be mixed by the pharmacy and verified by the pharmacist prior to patient receipt.

If you agree to allow ROC Pharma these medication kits as substituted product for all of your patients when insurance does not pay for the original compound, please sign your name on the page and fax back to us at: (888) 887-1120.

Thank you,

Leslie Giang, PharmD, RPh
Pharmacist Manager
ROC Pharma
Tel: (855) 598-8898
Fax: (888) 887-1120

Prescriber Name: [REDACTED]

Prescriber Signature: [REDACTED]

Date: 1/28/15

01/29/2015 10:50
2015-01-29 10:50 AM

FAX SERVICES

→ 17134676682

(FAX)

P.001/001
01

ROC Pharma

5710 LBJ Frwy Ste. 481, Dallas, Tx 75240

Tel: 855-598-8898

Fax: 888-887-1120

Dear Dr. [REDACTED]

Rx: Baclofen 1% Cream Kit
Amitriptyline 2% Cream Kit
Cyclobenzaprine 2% Cream Kit
Ibuprofen 10% Cream Kit
Lidocaine 5% Cream Kit
Lidocaine 10% Cream Kit
Naproxen 10% Cream Kit

Listed above are new musculoskeletal and neuropathic pain cream kits. The purpose of these kits is to serve an alternative form of pain management therapy in the event that the patient's insurance does not cover the original prescription compound. Dependent on the ingredients of the original prescription, we will use these kits to provide a cream with a combination of ingredients that most closely mimics the original compound by method of pharmacological class. Directions, refills, and quantity will remain the same as the original prescription.

These kits are packaged similar to Benzacoin gel in which the medication will be mixed by the pharmacy and verified by the pharmacist prior to patient receipt.

If you agree to allow ROC Pharma these medication kits as substituted product for all of your patients when insurance does not pay for the original compound, please sign your name on the page and fax back to us at: (888) 887-1120.

Thank you,

Leslie Glang, PharmD, RPh
Pharmacist Manager
ROC Pharma
Tel: (855) 598-8898
Fax: (888) 887-1120

Prescriber Name: [REDACTED]

Prescriber Signature: [REDACTED]

Date: 1/29/15

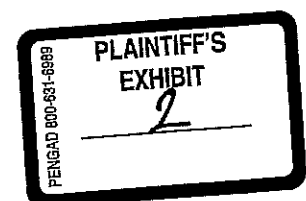
EXHIBIT 2-

ATTACHED ARE COPIES OF 6 PAGES OF NEXT HEALTH, LLC'S SPREAD SHEETS.

EXHIBIT 2A IS 4 PAGES OF NEXT HEALTH LLC'S RANDOMLY SELECTED SPREAD SHEETS SHOWING RECORDS OF PRESCRIPTIONS, PLAN PAYORS, AND THE PHARMACIES USED TO FILL THE PRESCRIPTIONS.

EXHIBIT 2B IS ONE OF NEXT HEALTH, LLC'S RANDOMLY SELECTED SPREAD SHEETS THAT SHOWS THE BENEFICIARIES AND COSTS OF DRUGS.

EXHIBIT 2C IS ONE OF NEXT HEALTH, LLC'S RANDOMLY SELECTED SHOWING ACCOUNTS RECEIVABLE FOR PRESCRIPTIONS WITH PHARMACY ID.



	APOTH
	APOTH
FEDERAL EMPLOYESS PROGRAM	APOTH
UNITED HEALTHCARE	LOT
UNITED HEALTHCARE	LOT
	LOT
FEDERAL EMPLOYESS PROGRAM	APOTH
	APOTH
	APOTH
HC USA MO	APOTH
HC USA MO	APOTH
HC USA MO	APOTH
	APOTH
	APOTH
	APOTH
PAID	APOTH
IL BCBS	APOTH
IL BCBS	APOTH
	APOTH
	APOTH
	APOTH
PAID	APOTH
UNITED HEALTHCARE	LOT
UNITED HEALTHCARE	LOT
PAID	APOTH
PAID	APOTH
	APOTH
ADVANCE ADV	APOTH
ADVANCE ADV	APOTH
	APOTH
PAID	APOTH
MED D TX MEDICAID	APOTH
D	APOTH
	ROC
TX BCBS	APOTH
	ABS
	ABS
	ABS
FEDERAL EMPLOYESS PROGRAM	ROC
	APOTH
COMMERCIAL 004336	APOTH
	APOTH
ADVANCE ADV	APOTH
OK BCBS	APOTH
ADVANCE ADV	APOTH



SERVRX	APOTH
SERVRX	APOTH
COMMERCIAL 004336	APOTH
	APOTH
SERVRX	APOTH
SERVRX	APOTH
COMMERCIAL 004336	APOTH
COMMERCIAL 004336	APOTH
COMMERCIAL 610014	APOTH
COMMERCIAL 610014	APOTH
COMMERCIAL 610014	APOTH
COMMERCIAL 610014	APOTH
COMMERCIAL 610014	APOTH
	APOTH
MED D CAREMARK PLANS	PAT
PAID	APOTH
PAID	APOTH
	APOTH
ADVANCE ADV	APOTH
	APOTH
	APOTH
PAID	PAT
	APOTH
TRICARE	APOTH
	APOTH
	APOTH
COMMERCIAL 610014	APOTH
	APOTH
	APOTH
CAREMARK	HTREE
	APOTH
	APOTH
CAREMARK	APOTH
	APOTH
CIGNA PHARMACY LEAST CLINICAL	APOTH
CIGNA PHARMACY LEAST CLINICAL	APOTH
	APOTH
FEDERAL EMPLOYESS PROGRAM	APOTH
MED D PACIFICARE 9999	APOTH
FEDERAL EMPLOYESS PROGRAM	APOTH
PAID	APOTH
	APOTH
PAID	APOTH
	APOTH
WELLCARE MEDICARE PART D	APOTH
LOP	APOTH
	APOTH

Primary Payer Plan	Supervisor
COMMERCIAL 004336	LOT
ADVANCE ADV	LOT
PAID	APOTH
PAID	APOTH
	APOTH
ENVISION RX OPTIONS PLUS	APOTH
ENVISION RX OPTIONS PLUS	APOTH
PAID	APOTH
PAID	APOTH
PAID	APOTH
	APOTH
	APOTH
ADVANCE ADV	APOTH
CIGNA PHARMACY LEAST CLINICAL	APOTH
CIGNA PHARMACY LEAST CLINICAL	APOTH
PAID	APOTH
LOP	APOTH
PAID	LOT
ADVANCE ADV	APOTH
	LOT
UNITED HEALTHCARE	APOTH
	LOT
ADVANCE ADV	APOTH
	APOTH
TX BCBS	APOTH
	APOTH
	APOTH
	APOTH
	APOTH
PAID	APOTH
PAID	APOTH
PAID	APOTH
PAID	APOTH
	APOTH
PAID	APOTH
	APOTH
TX BCBS	APOTH
TX BCBS	APOTH
	APOTH
	APOTH
	APOTH
PAID	APOTH
	APOTH
COMMERCIAL 004336	APOTH
COMMERCIAL 004336	APOTH

	APOTH
PAID	APOTH
	APOTH
	PIN
PAID	PIN
FEDERAL EMPLOYESS PROGRAM	APOTH
	APOTH
	APOTH
	APOTH
	APOTH
PAID	PIN
	PIN
	APOTH
	APOTH
CIGNA	APOTH
PAID	APOTH
	APOTH
	APOTH
	APOTH
	APOTH
FL BCBS	APOTH
FL BCBS	APOTH
FL BCBS	APOTH
	PIN
	PIN
	APOTH
FED BK LUNG	APOTH
	APOTH
	APOTH
MED D PACIFICARE 9999	APOTH
	APOTH
BIN 004410	APOTH
LOP	APOTH
LOP	APOTH
	APOTH
	APOTH
	APOTH
	APOTH
D	APOTH
	APOTH
TRICARE	PIN
TX BCBS	APOTH
	LOT
AETNA	APOTH
	APOTH
FEDERAL EMPLOYESS PROGRAM	APOTH

[REDACTED]	Woodlee	\$1,000.00	\$3,047.54
[REDACTED]	Long	\$1,000.00	\$3,047.54
[REDACTED]	Woodlee	\$196.80	\$5,839.94
[REDACTED]	Zacharias	\$0.00	\$0.00
[REDACTED]	Woodlee	\$1,000.00	\$3,047.54
[REDACTED]	Fernald	\$1,000.00	\$3,047.54
[REDACTED]	Woodlee	\$234.60	\$921.20
[REDACTED]	Woodlee	\$681.60	\$4,562.03
[REDACTED]	Woodlee	\$0.00	\$0.00
[REDACTED]	Woodlee	\$0.00	\$80.10
[REDACTED]	Woodlee	\$0.00	\$0.00
[REDACTED]	Woodlee	\$1,000.00	\$1,982.00
[REDACTED]	Woodlee	\$0.00	\$0.00
[REDACTED]	Woodlee	\$0.00	\$0.00
[REDACTED]	PIC, LLC	\$500.00	\$584.76
[REDACTED]	Woodlee	\$0.00	\$0.00
[REDACTED]	Woodlee	\$50.00	\$443.88
[REDACTED]	Woodlee	\$50.00	\$866.10
[REDACTED]	Cox	\$1,000.00	\$1,928.80
[REDACTED]	Cox	\$0.00	\$0.00
[REDACTED]	Zacharias	\$0.00	\$0.00
[REDACTED]	Nik Health Services	\$110.00	\$1,040.88
[REDACTED]	Zacharias	\$0.00	\$0.00
[REDACTED]	Principle Health Group	\$648.00	\$4,945.76
[REDACTED]	Oral Solutions	\$0.00	\$0.00
[REDACTED]	Zacharias	\$0.00	\$0.00
[REDACTED]	Woodlee	\$100.00	\$1,073.00
[REDACTED]	Zacharias	\$0.00	\$0.00
[REDACTED]	Zacharias	\$0.00	\$0.00
[REDACTED]	Tread Lightly, LLC	\$114.60	\$200.00
[REDACTED]	Woodlee	\$0.00	\$0.00
[REDACTED]	Woodlee	\$0.00	\$0.00
[REDACTED]	Woodlee	\$1,000.00	\$1,933.48
[REDACTED]	Woodlee	\$0.00	\$0.00
[REDACTED]	Emerging Medical Technologies	\$41.40	\$200.00
[REDACTED]	Emerging Medical Technologies	\$80.00	\$200.00
[REDACTED]	Zacharias	\$0.00	\$0.00
[REDACTED]	Woodlee	\$98.40	\$600.00
[REDACTED]	Nik Health Services	\$0.00	\$0.00
[REDACTED]	Woodlee	\$93.60	\$256.83
[REDACTED]	Woodlee	\$234.60	\$929.41
[REDACTED]	Zacharias	\$0.00	\$0.00
[REDACTED]	Woodlee	\$648.00	\$4,946.26
[REDACTED]	Zacharias	\$0.00	\$0.00
[REDACTED]	Zacharias	\$0.00	\$0.00
[REDACTED]	Long	\$21.00	\$596.00
[REDACTED]	Woodlee	\$0.00	\$0.00

2/6/2015	2/6/2015	TX	1295762243	\$0.00		
2/5/2015	2/5/2015	TX	1487633384	\$0.00		610279
1/6/2015	1/6/2015	TX	1427051416	\$138.60	004336	004336
12/11/2014	12/11/2014	TX	1427051416	\$138.60	610602	610602
1/6/2015	1/7/2015	TX	1780670315	\$0.00		
2/6/2015	1/30/2015	TX	1245669423	\$100.00		
1/7/2015	1/7/2015	TX	1972719151	\$0.00		
2/5/2015	11/18/2014	TX	1962459396	\$9,112.90	610084	610084
2/4/2015	12/23/2014	TX	1245349422	\$300.00	011552	011552
2/4/2015	12/23/2014	TX	1245349422	\$3,446.70	011552	011552
2/4/2015	12/23/2014	TX	1245349422	\$300.00	011552	011552
2/4/2015	12/23/2014	TX	1245349422	\$0.00		
2/4/2015	12/23/2014	TX	1245349422	\$300.00	011552	011552
2/5/2015	2/5/2015	TX	1073579462	\$0.00		
1/8/2015	1/8/2015	TX	1487633384	\$4,193.46		
12/31/2014	12/31/2014	TX	1396824413	\$4,193.46	011552	011552
12/29/2014	9/11/2014	TX	1467442848	\$4,193.46	004336	004336
1/7/2015	1/7/2015	OK	1548221278	\$4,193.46	610014	610014
12/30/2014	12/30/2014	TX	1972719151	\$2,881.30	003858	011552
1/10/2015	1/10/2015	TX	1356428197	\$0.00		
2/6/2015	1/19/2015	TX	1679785448	\$30.00		
2/5/2015	2/5/2015	TX	1467694687	\$0.00		
1/10/2015	1/10/2015	TX	1356428197	\$0.00		
2/6/2015	2/6/2015	TX	1558322438	\$0.00		
2/6/2015	2/5/2015	TX	1073579462	\$0.00		
2/6/2015	2/6/2015	TX	1508990938	\$3,446.70	610014	610014
2/6/2015	2/6/2015	TX	1508990938	\$0.00		
2/5/2015	2/3/2015	TX	1295762243	\$60.00		
2/5/2015	2/5/2015	TX	1598923989	\$0.00		
2/5/2015	11/17/2014	TX	1497950299	\$50.00		
2/5/2015	2/5/2015	TX	1104998046	\$0.00		
2/5/2015	2/5/2015	TX	1073562328	\$0.00		610029
2/6/2015	2/5/2015	TX	1598923989	\$1,200.00	610502	610502
1/8/2015	1/8/2015	TX	1487633384	\$300.00		
1/7/2015	1/7/2015	TX	1134147911	\$300.00	011552	011552
1/7/2015	1/7/2015	TX	1134147911	\$300.00	011552	011552
1/7/2015	1/7/2015	TX	1134147911	\$300.00	011552	011552
2/6/2015	2/6/2015	TX	1235184821	\$1,614.10	015730	015730
2/6/2015	2/6/2015	TX	1699050963	\$0.00		
1/9/2015	1/9/2015	TX	1902855687	\$300.00	011552	011552
12/30/2014	12/30/2014	TX	1962447326	\$300.00	011552	011552
2/6/2015	2/6/2015	TX	1295801744	\$1,052.19	015581	015581
2/6/2015	2/3/2015	TX	1497893754	\$100.00		
2/6/2015	2/6/2015	OK	1548221278	\$0.00		
2/3/2015	10/15/2014	TX	1942289970	\$300.00	610279	610279
1/9/2015	1/8/2015	TX	1376655506	\$300.00	610029	610029
12/31/2014	12/31/2014	TX	1982976346	\$200.00	600428	600428

PEVIGAD 000-631-6989

PLAINTIFF'S
EXHIBIT
2C